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PHYLOGENESIS AND ONTOGENESIS OF AFFECT- AND STRUCTURE-FORMATION AND THE PHENOMENON OF REPETITION COMPULSION[1]

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In previous papers I dealt with the interrelation between structure formation, ego regression, and the *ontogenetic* vicissitudes of anxiety (52, 53) and I applied also *phylogenetic* considerations to the problems of anxiety (54). This necessitated my using ethological concepts and led me to a discussion of the analogies and divergencies between ethological and psycho-analytic formulations. I came to the conclusion that this approach might further our overall understanding of affect- and structure-formation.

The point of departure for my present paper was a critical reconsideration of the concept of repetition-compulsion, which in turn required a further discussion of certain phylogenetic and ontogenetic aspects of affect- and structure-formation. This explains my complicated title and the dichotomy which prevails in this paper. I am aware that such an attempt can be no more than a sketchy outline for future research.

The Problem of Repetition Compulsion

Let me outline how I approached previously the problem of repetition compulsion. I discussed anxiety in terms of a continuum of releasing excitations and of responses to them, and linked biological and psychological concepts of anxiety by the application of the genetic point of view. This amounted to ' the recognition of [the] phylogenetic origin [of anxiety] in a biological response, of the existence of this response in animals, and of its innate character in the newborn ' (52, p. 67). I traced the ontogenetic development from primary anxiety to the thought-like, structuralized, fully desomatized awareness of anticipated danger (' signal anxiety ') (17, 6, 48) and I emphasized that the ability of the ego to anticipate and to evaluate danger under the prevalence of secondary processes and to utilize in its response neutralized energy is essential for ego autonomy (26, 24). I studied the role of ego regression in neurotic anxiety, and distinguished between regressive evaluation of danger and regressive reaction to this evaluation. Ego regression results in prevalence of the primary process and in the use of non-neutralized energy. It leads to resomatized, uncontrolled anxiety with all its economic implications where reaction to stimuli is in the closest sense psychosomatic (53, 54).

Regressive anxiety as such represents danger, creates secondary anxiety, and thus becomes self-perpetuating. We encounter this turn of events, e.g. in extensive phobias, severe obsessive-compulsive neuroses, and ' psychosomatic ' disorders. To these patients applies what Freud said, ' They behave as though the old danger situation still existed, and retain all the earlier determinants of anxiety.' He asks, ' Whence comes the element or persistence in these reactions to danger? Why does the affect of anxiety alone seem to enjoy the advantage over all other affects of invoking reactions . . . which, through their inexpediency, run counter to the movement of life?' He calls these questions ' the riddle of neurosis ' (17, p. 128).

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In the analysis of cases such as those mentioned above, we meet with a stereotyped, repetitious response pattern, which represents a formidable obstacle to the ' working through ' process. Freud attributed this type of resistance to ' repetition compulsion '.

Freud's attempt to explain repetition compulsion as originating in the death instinct and vice versa has unfortunately cast its shadow on the extensive discussion of repetition compulsion in the psycho-analytic literature, which can be considered only sketchily. Though after his ' Beyond the Pleasure Principle ' (15) Freud spoke about repetition compulsion mainly in connexion with the death instinct, in ' Inhibition, Symptom and Anxiety ' (17) he did discuss repetition compulsion as a clinical phenomenon. ' The fixating factor in repression,' he said, ' is the repetition compulsion of the unconscious id, a compulsion which in normal circumstances is only done away with by the mobile function of the ego ' (17, p. 137). Before 1920 he spoke of repetition compulsion as an example of ' a very specialized form of inertia, the manifestation of very early linkages—linkages which it is hard to dissolve—between instincts and impressions and the objects involved in these impressions . . . or in other words this specialized " psychical inertia " is only a different term for what in psycho-analysis we are accustomed to call a " fixation " ' (13, p. 272).

Anna Freud has stated, on the other hand, that the repetition compulsion which dominates the patient in the analytical situation extends not only to former id impulses, but equally to former defensive measures against the instinctual drives (' Triebabwehr ') (8).

Hartmann discusses in his ' Ego Psychology and the Problem of Adaptation ' (26) and in a discussion of a paper by Hendrick (28) the relationship of and the transitions between repetition compulsion, ' ego rigidity ', and ' preconscious automatisms '. He states that ' under certain conditions the ego can put repetition compulsion to its own use ' and considers it as ' not improbable that repetition compulsion has its share (besides the pleasure principle and the reality principle) in learning processes.' Hartmann regards repetition compulsion as one of the regulatory principles, one which, according to Freud, ' overrides the pleasure principle ', but one which, according to Hartmann, can be ' used and tamed by the ego '.

The main points of Bibring's paper on repetition compulsion (3) can be summarized as follows: (i) repetition compulsion is an explanatory concept, ' repetition ' a descriptive term; (ii) repetition compulsion exists prior to the pleasure principle and is a broader concept since it encompasses the fixation of both the pleasurable and the painful; (iii) it has two functions: a repetitive and a restitutive; (iv) it becomes manifest when the ego is ' weakened ', ' overwhelmed ', or ' maintains a passive role'; (v) he speaks of ' secondary libidinization ' of repetition compulsion in analogy to libidinization of anxiety.

Kubie at first repudiated the whole concept of repetition compulsion (33). In a later paper, he speaks of an irresistible repetitiveness as the core of all neurotic processes (34). Neurotic repetitiveness is a ' pathological distortion of normal repetitiveness. Unwilling repetition then becomes a distortion of the pleasure principle.'

In my previous discussion of the resistances which Freud attributed to repetition compulsion, I wrote, ' This repetitious response, for which repetition compulsion is an excellent descriptive term, originates in the primitive regressive part of the ego which has developed, under the impact of the self-perpetuation of danger and anxiety, an automatic, reflex-like response pattern. This automatic primitive response as an expression of ego regression is both the result of and the cause for the perpetuation of instinctual regression' (58, p. 96).

Passivity and Activity

In my attempt to arrive at a more satisfactory formulation I was first stimulated by Rapaport's models of passivity and activity and their relation to ego autonomy (49, 50). Rapaport proposes two models of both passivity and activity. His models of passivity are: (i) ' The situation of helplessness which ensues when mounting drive tension meets a countercathectic barrier and tension discharge is prevented '; and (ii) ' The situation in which the discharge of accumulated drive tension occurs without a contribution by the ego.' His models of activity are (i) ' The discharge of drive tension by means of the ego's control- and executive apparatuses ', and (ii) ' The defensive and/or controlling prevention, or postponement of the drive discharge.'

' The first model of passivity refers to a non-autonomous ego which does not regulate id-tension but rather is regulated by it, since the more the drive tension mounts the more unyielding the ego's discharge-barring function becomes.

In contrast, the second model of activity refers to a relatively autonomous ego, which controls, postpones, or prevents drive discharge in keeping with the demands of its own organization, but also in view of the state of the whole organism and the reality circumstances ' (50).

The two models of passivity and activity reflect the contrast between autonomous and non-autonomous ego states. It is implied that transitions between the various states of the ego occur both in progressive structure formation and in regression.

The Concept ' Instinct ' in Ethology

Before trying to apply Rapaport's concepts to the problem of repetition compulsion, let me turn now to some concepts of modern ethology. Thorpe (59) proposes the following definition of instincts: Instincts are inherited systems of co-ordination. Their most fundamental part is an ' internal drive ' which, until released, accumulates in the form of a ' specific action potential '. The release takes place guided by ' more or less rigid " inherited releasing mechanisms " (I.R.M.) ', and results in ' more or less rigid action patterns '. I.R.M.'s have inhibitory as well as releasing functions. The assumption of thresholds is inherent in these concepts. The specific action patterns which constitute the consummatory act consist of a reaction chain in which inherited orienting movements called *taxes* play a guiding role. Instinctive behaviour is species-specific, uniform, rigid. It is subject to maturation, and only some links of the reaction chain are subject to modification by learning. Once an instinct has been released, an animal seems forced to complete the specific behaviour pattern, without being able to interrupt it.[3] Thorpe himself disputes the rigid, *entirely* unlearned character of ' instinctive behaviour ' and such biopsychologists as Lehrman and Schneirla (51) attribute to *learning* most behaviour patterns classified by ethologists as ' instinctive '. However, nobody will deny the inborn preparedness of organisms to react to certain stimuli with a specific type of learning.

According to Lorenz (36, 37), in vertebrates evolution brings about the following changes in the complex patterns of instinctive behaviour: In a reaction chain of an instinct more and more innate, rigid, instinctive links drop out and are replaced at certain innately determined points by learned behaviour patterns. Lorenz calls this phenomenon ' instinct-training interlocking '. ' In such case the innate action-chain has a gap, into which instead of an instinctive act, a faculty to acquire is inserted ' (37, p. 137). Lorenz assumes that ' highly complex behaviour patterns in higher animals and man, which though built up on an instinctive basis, yet comprise intelligent and learned components, must equally be conceived as interlockings ' (37, p. 139).

I have discussed elsewhere (54) the difficulties encountered in correlating the concepts of psycho-analysis and ethology. Let me summarize my previous discussion and add some remarks to it.

(i) The instinct concept of ethology[4] comprises both the internal drive and the inherited patterns of co-ordination. Actually, there is special emphasis in the ethologists' instinct concept on these ' instinctive behaviour patterns '.

(ii) The psycho-analytic concept of ' instinctual drives '[5] can be compared (but then cannot be equated!) only to the ' internal drive ' element of the ethological concept of ' instinct '.

(iii) In man, ' inherited patterns of co-ordination ' or ' instinctive behaviour patterns ' are rudimentary (38). The function of genetically determined behaviour is taken over to a very great extent by learned, plastic, purposive, adaptive behaviour—that is, by the ego (37, 23).

Correlation of Ethological and Psycho-analytic Concepts

Freud described the concept ' instinctual drive ' as ' a concept on the frontier between the mental and the somatic '. He gave it the status of a psychological concept when he called it ' the psychical representative of the stimuli originating from within the organism ' (14) and even more when later he wrote that ' the id absorbs from the soma its instinctual needs, receives its energy, and gives them " mental expression " ' (18) (see also 54, p. 203). Freud referred to the phylogenetic-evolutional link between reflexes and ' instinctual drives' when he said:

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[3] We can see here an analogy with Rapaport's second model of passivity.

[4] There are differences, but also a great deal of common ground between instinct concepts of ethologists and those of W. James, Morgan, Hobhouse, Ginsberg, McDougall, and especially of Craig and Drever. For a comparison and source references see Fletcher (7).

[5] I am using the term ' instinctual drive ' for ' Trieb ', and the terms ' instinct ', ' instinctive behaviour ', etc., for the concepts of ethology.

'We may therefore well conclude that instincts and not external stimuli are the true motive forces behind the advances that have led the nervous system, with its unlimited capacities, to its present high level of development. There is naturally nothing to prevent our supposing that the instincts themselves are, at least in part, precipitates of the effects of external stimulation, which in the course of phylogenesis have brought about modifications in the living substance '[6] (14, pp. 119–120).

While it is possible to correlate the 'internal drive' element of instincts to 'instinctual drives', it is much more difficult to trace the evolutionary fate of '*instinctive behaviour patterns*' to their manifestations in man. The process of 'ritualization', by which in selective evolution some 'displacement activities' of instincts become incorporated into a new pattern of instinctive behaviour as 'social releasers' (60, 61), may be a clue. We see here an important example of the biological principle of 'change of function', which was applied by Hartmann (25) to psychological concepts.

Utilization of 'Instinctive Behaviour Patterns' in the Formation of Ego Structures

Through 'change of function' some links of 'instinctive behaviour patterns' may become incorporated in (interlocked with) or become the basis for learned, purposive behaviour. '*Instinctive behaviour patterns' may thus become part of the autonomous ego equipment* (26). Hence, we may hypothesize the following possibilities for the evolutionary fate of 'instinctive behaviour patterns' and their preservation in man:

(i) Some links of 'instinctive behaviour patterns' may be retained and may become interlocked with acquired, learned behaviour. The best example is provided by the consummatory activity of the sexual drive. Its 'consummatory act', while subject to maturation and influenced by learning, is part of our inventory of 'instinctive behaviour patterns'.

The great variety of 'I.R.M.'s' of the 'appetitive behaviours', but especially the importance of learning in man, makes it difficult to unravel the instinctive links even in such chains of reaction as the 'consummatory act' of the sexual drive. It is by now a truism that our wishes (instinctual drives, their derivatives and representations) are traceable in some way in all our functions, even in perception. However, to call any 'behaviour' which is *influenced* by instinctual drives 'instinctive behaviour' is a distortion of both ethological and psycho-analytic concepts. Ethologists will rightly object to the inclusion under this heading of learned responses and psycho-analysts to that of ego functions (see, for instance, 43, 44).

(ii) Some links of 'instinctive behaviour' may be utilized as the point of departure for structure formation, just as other primary autonomous apparatuses are (26). It was recognized by Freud quite early that, for instance, threshold and innate inhibitory mechanisms, the importance of which was emphasized by such ethologists as Tinbergen (60) and Thorpe (59), form the basis for ego development. He expressed this both in prestructural and structural terms (10, 12, 16, 17). This has been emphasized also by Hartmann (26, 23, 24), Rapaport (48, 49, 50) and others. Freud (19) and especially Hartmann (26, 24) linked the development of defences to such inborn apparatuses. In what Hartmann (26) has described as 'preconscious automatisms' (e.g. crying, smiling, yawning, mannerisms indicating threat, fright, etc.), some of which attain the function of 'social releasers', we see the product of (*a*) evolution (partly through 'change of function') (see also 39, 53); (*b*) maturation, and (*c*) learning. Schneirla (51), for instance, postulated some degree of learning even for the smiling response. Spitz (55) hypothesized that the 'No' sign develops from the sucking patterns of the newborn infant. If Spitz's hypothesis can be confirmed, we should have here a further example of 'change of function' becoming manifest during ontogenesis.

The mutual interdependence of id- and ego-development has been widely studied (9, 25, 30, 50). It is to be expected that persisting links of instinctive behaviour patterns, especially if they are correlated with an 'internal drive' element, may influence structure formation. Such links have been described by M. Balint (2), A. Balint (1), Hermann (29), and Bowlby (5). Bowlby discusses five 'instinctive responses': sucking, clinging, following, crying, and smiling. He ascribes to clinging and following a decisive role in the establishment of child-mother relationship, and objects to what he calls the overestimation of oral need satisfaction for this development.

The whole development of psycho-analysis has proceeded towards the discovery of ever earlier determinants of psychic functioning. The importance of the first few months of life became obvious. The first development of ' structure ' through maturation and learning takes place during this phase. Thus, when we speak of the ' oral phase ' it is implicit that during this phase ' structure ' begins to emerge from an undifferentiated phase (27). That physiological needs and their satisfaction provide a most powerful stimulation for all learning processes is unquestionable.

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[6] Freud's remark about 'the effects of external stimulation' is in line with his Lamarckian orientation. We would now simply say, 'precipitates of evolution'.

Direct observation of infants has demonstrated many variables which influence the infant's development apart from oral need satisfaction (congenital variations, ' mothering', etc.).

Freud described ' partial instincts ' at a time when he still spoke of the ' peripheral source ' of an instinct (11). The observations of Balint, Bowlby, Hermann, and others suggest the existence of more ' partial instincts ', as described originally by Freud, or rather more varied direct derivatives of the sexual instinctive drive. They can be described in ethological terms as important remaining manifestations of the ' internal drive ' element of the instinct and/or as remaining links of ' instinctive behaviour patterns ' which—as, for instance, crying, clinging and following—may also serve as ' social releasers '. All such manifestations, drive derivatives and ' social releasers ', may influence to a certain extent the development of ego functions which enter into the formation of object-relations. Such ' releasers ' as clinging and following should be studied as added variables within the framework of the phase in which they become manifest. Their existence in no way contradicts the decisive importance of preceding phases of development.

Instinctive Building-Stones of Superego Structures

The preceding discussion hypothesized that links of ' instinctive behaviour patterns ' can be used for the formation of ego structures. Can we detect in animals instinctive inhibitory mechanisms, which might be considered evolutionary forerunners of the superego, and which if present in man might be used as building-stones for superego structures?

Ethologists have familiarized us with the following inhibitory mechanisms, all of which serve the preservation of the species.

(i) Instinctive inhibitory mechanisms are essential for the protection of the newborn litter. Such instincts have their specific I.R.M.'s.

(ii) The inhibition of the fighting response is a necessary prerequisite for mating.[7] Lorenz has recently described (41) how in fishes and birds the threat of or an actual attack on a prospective mate is inhibited, often practically at the last moment, and then redirected towards a prospective rival, and how only after such successful inhibition can a ' lasting object-relationship ' be established.

(iii) The formation of smaller and larger groups of animals of the same species would be impossible without the existence of inhibitory mechanisms which operate against intraspecies killing. Interestingly enough, intraspecies killing is, especially among predatory animals, comparatively rare.

(iv) Killing which would result from intraspecies fighting can be inhibited by a set of instinctive mechanisms. An excellent example is the reaction of the victorious animal to what Lorenz calls ' the sign of humility ' given by the defeated rival (41). In wolves, for instance, it consists in a positioning of the head, with which the defeated animal exposes to the victor its jugular vein, a region which during the actual fight is the focal point of attack and defence, whereupon the victor becomes unable to perform the kill. Such mechanisms are widespread among vertebrates.

In all these examples the instinctive inhibitory mechanisms seem to be directed towards the inhibition of the aggressive drive, and serve, by preservation of the object, the preservation of the species.

It seems legitimate to speak here of examples of biological analogues of superego development as postulated by Freud (30). It is therefore tempting to hypothesize the existence of autonomous building stones in superego development, in analogy with Hartmann's conception of the role of innate primary autonomous apparatuses in the development of the ego.

If we hypothesize further that such innate inhibitory mechanisms of the aggressive drive utilize mainly aggressive energy, then we might be one step closer to understanding the close link between the superego and the aggressive drive and perhaps of even that vicissitude of the instinctive drive which Freud termed ' turning round upon the subject ' (14).[8]

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[7] It is interesting that Tinbergen, who himself described such examples of what he calls ' male aggressiveness ' (62), in contrast to Lorenz, denies (39, 41) the existence of ' aggressive instincts '.

[8] In her investigation of phylogenetic roots of moral masochism, E. Menaker (42) also postulates biological analogues of the superego.

Instinct and Anxiety

The simultaneous availability of instinctive and learned behaviour patterns represents an additional vicissitude in the evolution of instinctive behaviour. This brings me to the discussion of instinct and anxiety. The term ‘ anxiety ’ is used here as reaction to danger in the most general sense (52, 53, 54).

Both the perception of danger and the reaction to it are in most animals at least based on, if not regulated by, instincts. Ethologists have devoted most ingenious experimental work to the study of ‘ sign stimuli ’ of danger (60), and of the ensuing ‘ avoidance and fright ’ responses (58). Lorenz (39) and Tinbergen (60) speak about the drive to escape.[9] However, is it as justified to assume such a drive as, e.g., the ‘internal drive’ of the mating or nesting instincts? Lorenz emphasizes that instinctive motor patterns, while rigid and stereotyped, have a ‘ remarkable spontaneity of their own ’.

> ‘ The threshold value of releasing stimuli decreases during quiescence. Moreover, an instinctive movement that is not “ used ” over a long period literally becomes a “ motive ”. It causes motor unrest in the organism as a whole, and induces it to search actively for the releasing stimulus situation. Wallace Craig called this phenomenon appetitive behaviour.
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> ‘All these phenomena—spontaneity, lowering of threshold, discharge at inadequate objects, periodic-rhythmical occurrence, appetitive behaviour—suggest a process of accumulation. Something is accumulated (generated) rhythmically and continually, and used up by the consummation of an instinctive act. This is incompatible with the conception of instinctive movements as chain reflexes’ (39, p. 289).

The ‘ avoidance and fright ’ reaction shares with this description only the aspect of thresholds and that of the occasional ‘ miscarriage ’ (38) *of the discharge, especially* when animals show ‘ disintegrated behaviour ’ (38)—that is a state which we should call regressive.

It would be not only biologically useless but harmful for an animal to develop a ‘ periodic-rhythmical occurrence ’, or an ‘ appetitive behaviour ’ of the ‘ avoidance and fright ’ reaction. This wasteful behaviour seems to be a fateful ‘ privilege ’ of man.

The assumption of an instinct to avoid danger as a superordinate instinct in the sense of McDougall (7) has been rejected by Lorenz and other ethologists. To quote Lorenz (39), ‘ the survival value of an action to either an animal or a man is not its subjective goal.’ The assumption of an ‘ instinct of self-preservation ’ has also been gradually abandoned in psycho-analytic literature (15, 18, 35, 23, 54). We might say that evolution has stopped short of achieving the development of an overriding instinct of self-preservation of the individual. It is interesting, however, that prevention of *future* danger is achieved by such instinctive actions, as for instance nest building, which serve the preservation of the species. Self-preservation proper had to wait for the acquisition of cognitive anticipation.

However, my discussion would also imply that evolution stopped short of the development of a ‘ drive ’ to avoid danger equal in scope to such drives as ‘ motivate ’ the seeking of an object.

The ‘ avoidance and fright ’ reaction is, in spite of its complex set of I.R.M.’s and releasers, much closer to the concept of a ‘ reflex chain ’ postulated by Craig (7) and originally also by Lorenz than are, for instance, the mating or nesting instincts. The *instinctive* avoidance and fright response is, as is anxiety, a *reaction* to the perception of danger.

In a recent publication which appeared after I presented this paper at the Copenhagen Congress, Schneirla (51) has described ‘ approach ’ and ‘ withdrawal ’ as the two basic biological responses. He assumes that ‘ approach ’ and ‘ withdrawal ’ are dependent on the intensity of stimuli, and he traces the evolution of these basic responses. He assumes that in higher animals ‘ approach ’ may develop into ‘ seeking ’ and ‘ withdrawal ’ into ‘ avoidance ’.

My previous discussion would imply that ‘ evolution ’ resulted in various ‘ drives ’ to ‘ seek ’; in instinctive perceptions and responses leading to avoidance of danger but not to an intrinsic drive to avoid. It will be seen in the next section how Schneirla’s concepts correspond in some aspects to ideas already expressed by Freud.

We have to distinguish between instinctive elements in the *perception* of danger (I.R.M.’s) and those in the reaction to it.

Freud occasionally uses the concepts of pain and danger interchangeably (10, 12, 17) (see also 45, 56). There is in the infant during the undifferentiated phase probably no differentiation between the experiences of pain and of danger. The perception of such homeostatic fluctuations as especially of hunger becomes therefore the prototype of the perception of both pain and danger.

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[9] In a previous publication (54), I also spoke of a ‘ hypothetical internal drive ’ to avoid danger. I have been stimulated to a more careful formulation by M. Gill’s discussion of a paper I presented at the San Francisco Psychoanalytic Society.

The development of an instinct with very specific I.R.M.'s directed, for instance, towards a certain type of predator is relatively rare. To quote Thorpe, ' Most animals, particularly small or defenceless animals, are subject to a great variety of dangers. For them a specific instinctive response to any and every danger is out of the question. Therefore, instead of, or in addition to, any specific response, they have an inherent equipment whereby they tend to take avoiding or self-protective action to (i) a wide range of stimuli likely to be signals for danger, especially any moving object; (ii) any stimulus or situation which is strange; (iii) any stimulus of an unusually high intensity. This mechanism with its wide scope ensures that they are on guard against most of the usual risks of life. But, obviously, sensitiveness to such a wide range of stimuli would, if the response was completely automatic and unvarying in intensity, make life impossible. Hence the need for some form of learning which saves the animal from wasting its energies in responses to stimuli which experience shows to be harmless or of no significance. Habituation exactly meets this need and is well-nigh universal ' (58, p. 390).

Could it be that man, with his prolonged infantile helplessness, is equipped with similarly diffuse, unspecific I.R.M.'s which have to be unlearned once perception has matured? We would have here a biological analogy to Freud's empirical statements about the ' obscure phobias ' of early childhood and about inborn hysterical attacks (17) and for the consequences of regressive evaluation of danger (52, 53, 54, 57).

I discussed in a previous paper (54) various instinctive determinants of danger (I.R.M.'s) and hypothesized an innate, instinctive link between sexuality and danger, which, in addition to all ontogenetic factors, explains the ubiquitous, automatic establishment of countercathexes against libidinous drives and/or the fact that certain ego functions are ' basically antagonistic towards drive satisfaction ' (8). I built my hypothesis in analogy to the fact that mating and fighting among vertebrates are most intimately linked with each other in evolution (54, pp. 212–214).

The response of the infant to the experience of pain-danger-unpleasure is instinctively patterned and species-specific. It is fully ' psychosomatic ', using innate discharge channels and apparatuses (17, 48). Hartmann (26, 24) described such apparatuses as part of our autonomous equipment, which secures our preparedness for ' average expectable environment '. Vegetative and motor discharge equivalents precede the development of action and thought. The infant has no apparatuses ready for ' flight or fight ', and this explains its traumatic helplessness (17, 4, 52).

The character of the subjective experience of anxiety can probably be attributed partly to instinctive givens. It has been postulated by Drever (7) and others and re-emphasized by Fletcher (7) that in evolution paucity of I.R.M.'s is paralleled by increase of the elements of conation, emotions, and subjective experience. This development reaches its culmination in man, where anxiety becomes an ego response. The paucity of instinctive inhibitory mechanisms against intra-species destructiveness in man may perhaps also explain the species-specific quality of guilt feelings in man. *Anticipatory anxiety and guilt feelings became both the privilege and curse of humanity.*

Ego development results in a ' realistic ' appraisal of danger, and with it the anxiety response becomes increasingly dependent on ego functioning (17, 6, 48, 52, 53, 54). What, however, persists is the special quality of anxiety and the availability of resomatized responses, which in states of ego regression resemble in their discharge character the species-specific instinctive responses of infants and differ from them mainly because the discharge apparatuses have in the meantime undergone maturation and adaptation (52, 53).

In sum, we can discern in man the following evolutionary fate of instinctive patterns in the anxiety response.

(i) Certain instinctive links, e.g. certain I.R.M.'s, have been preserved, while most I.R.M.'s were replaced by cognitive evaluation of danger.

(ii) The species-specific quality of the affect and of the avoidance-response have been preserved.

(iii) The ' avoidance-response ' is also able to stimulate structure formation, a view expressed by Freud as early as in Chapter VII of his *The Interpretation of Dreams:*

> ' Some interesting reflections follow if we consider the relations between this inhibition upon discharge exercised by the second system and the regulation effected by the unpleasure principle. Let us examine

the antithesis to the primary experience of satisfaction —namely the experience of an external fright. Let us suppose that the primitive apparatus is impinged upon by a perceptual stimulus which is a source of painful excitation. Unco-ordinated motor manifestations will follow until one of them withdraws the apparatus from the perception and at the same time from the pain. If the perception reappears, the movement will at once be repeated (. . . of flight) till the perception has disappeared again. In this case, no inclination will remain to recathect the perception of the source of pain, either hallucinatorily or in any other way. On the contrary, there will be an inclination in the primitive apparatus to drop the distressing memory-picture immediately, if anything happens to revive it, for the very reason that if its excitation were to overflow into perception it would provoke unpleasure (or, more precisely, it would *begin* to provoke it). . . . This . . . regular avoidance by the psychical process of the memory of anything that had once been distressing affords us the prototype . . . of *psychical repression.* It is a familiar fact that much of this avoidance of what is distressing—this ostrich policy—is still to be seen in the normal mental life of adults ' (10).

These concepts became 26 years later the basis of Freud's new theory of anxiety and defence. Hartmann (24) then elaborated on the idea that defences are using the avoidance response as their model.

(iv) The full discharge of the instinctive reaction remains also available under the following two conditions, both of which imply a quantitative element: (*a*) overwhelming stimulation, and/or (*b*) ego regression.

The intricate interlocking, but even more, the simultaneous availability of learned, flexible, adaptive and stereotyped instinctive responses represents a strain on the stability of ego functioning in anxiety (54).

The following factors account for the great importance of ' inner ', instinctual intersystemic danger in man:

(*a*) the late development of perception and the prolonged dependence on outside help for relief from instinctual drive tension;
(*b*) the development of instinctual drive derivatives, ideation and phantasies;
(*c*) the link between sexuality and danger; and
(*d*) the development of the superego.

The Basic Antithesis between the Need to Seek the 'Primary Experience of Satisfaction' and The Necessity to Avoid the 'Experience of External Fright'

Let us now return to my discussion of the difference between the instinctive ' avoidance and fright response ' and such other instincts as, for instance, the sexual instinct: the absence of the ' internal drive element ', of ' appetitive behaviour ' and of ' vacuum activity ' and its greater similarity to a ' reflex chain ' in the former. This difference we may conclude applies also to man. If we pursue this conclusion further, we find ourselves in the midst of some of the most complex problems of psycho-analytic theory. To mention only a few: the problem of the pleasure (unpleasure) principle, of pain and pleasure as affects, the different ways in which drives and affects influence structure formation, the relationship between drive and affect, etc. I can only indicate here the direction in which some of the answers to these problems may be sought.

We find a clue in one sentence of the previously quoted passage from Chapter VII of Freud's *The Interpretation of Dreams:* ' Let us examine the antithesis to the primary experience of satisfaction—namely, the experience of an external fright.' Let us assume that it is this *antithesis* which made Freud use initially the terms ' unpleasure-principle ' or ' unpleasure-pleasure principle ' before he eventually chose to call it ' more shortly the pleasure principle ' (12).

The concept of the pleasure (unpleasure) principle assumes the need for tension reduction as a basic regulating principle. This concept was framed in economic terms. To quote Rapaport:

> ' Here the concepts pleasure, pain, wish, are divested of their subjective, phenomenological, anthropomorphic, and teleological character. They are terms designating energy distribution; pain = increasing disequilibrium of energy; wish = the process aimed at restoring equilibrium; pleasure = decreasing disequilibrium of energy ' (47, p. 318).

Every discharge of an instinct and of instinctual drives aims ultimately at, and results in, relief of tension. However, can tension relief through the satisfaction of a wish arising from an instinctual drive be equated with what Freud called its ' antithesis ', the tension relief arising through escape from ' the experience of external fright '? An ' internal drive ' or in psycho-analytic terms an ' instinctual drive ' finds its discharge through reaching its aim and finding its need-satisfying object. The discharge of the ' avoidance and fright ' response and of the affect anxiety results initially in an increased tension. The relief is being achieved only after the disappearance of the ' object '—that is of the perception of danger. Is it likely that the tension (' pain ') arising from withheld satisfaction of a

' wish ' (frustration) can be equated with the mounting tension from an external excitation, which cannot be eliminated by fight or flight? In Rapaport's terminology can the tension which is the concomitant of helpless passivity to a drive be equated with the tension which is the concomitant of helpless passivity to external stimulation? My previous discussion leads to the conclusion of a basic difference between: (*a*) the *tension* arising from mounting external excitation (later in development, from mounting danger) and that arising from withheld satisfaction of a wish, and (*b*) between the tension *relief* arising through escape from ' the experience of external fright ' (10, p. 600) and the tension *relief* through satisfaction of a wish, arising from an instinctual drive.

The pleasure-unpleasure principle, and such concepts as pleasure, pain, wish, tension, etc., as mentioned before, were framed by Freud (10) in economic terms. It might not be impossible but would certainly not be easy to express the difference in the build-up and relief of various types of tension, which I have postulated, in economic terms. However, the difference in the aspect of tension relief becomes quite obvious when we look at it in structural terms, specifically in terms of affects as ego experience. While, for instance, the discharge of instinctual drives[10] may result in pleasure, discharge of the ' avoidance and fright response ' *per se* results in unpleasure and in temporary increase of tension. Only the disappearance of danger brings tension relief and with it ' pleasure through ending of unpleasure ' (see also 31, 46, 47, 48).

If we conceptualize a ' wish ' in structural terms, for instance, a wish to *achieve* sexual gratification, the experiential difference between the awareness of such a wish and a ' wish ' to *avoid* danger will be taken for granted. These considerations justify also the assumption that instinctual drives, which have to seek an object for their discharge, stimulate alloplastic action more directly and therefore initiate other aspects of structure formation than does the ' avoidance and fright response '.

In Freud's discussion of the antithesis between the primary experience of satisfaction and the experience of external fright the word ' external ' has to be understood in a genetic sense. Freud speaks here about the very beginnings of structure formation, during what we now call the undifferentiated phase. ' Outside ', ' external ', is meant by him as outside the ' primitive apparatus '; we may add: outside the primitive *mental* apparatus. Freud assumes that during the early phase of structure development every painful stimulation, even if it originates in the infant's own body, is perceived as coming from the ' outside '. The infant has to pass through two phases of development to learn first that ' within ' means within the *total self* and then to learn the distinction between inside and outside of the total self. When Freud says that the mental apparatus ' has only reached its present perfection after a long period of development ' (10, p. 565), this is meant also phylogenetically. This phylogenetic implication is even more obvious when Freud says in his ' Outline ' (20), ' under the influence of the external world one portion of the id has undergone a special development. From what was originally a cortical layer, provided with the organs and receiving stimuli and with the apparatuses for protection against excessive stimulation, a special organization has arisen which acts as a system between the id and the external world. This region of our mental lives has been given the name of the ego.'

This paragraph, although pertaining to the evolution of structure, is still formulated in topographical, even anatomical terms. Freud implies here, as I think, that during the evolution from the apparatuses of tropism to man's mental apparatus, parallel to the anatomical development a process of internalization has taken place which eventually leads to the development of instinctual drives and ego and superego structures. Hence we can state that both ontogenetic and phylogenetic considerations corroborate the following assumptions made by Freud: (i) That frustration-tension is originally equated with tension originating from without; and (ii) that repression uses the reaction to external fright as its model.

The preceding discussion adds weight to the assumption that our autonomous equipment contains *distinct* innate channels, thresholds, and discharge apparatuses for *drives* and *such affects as anxiety* (17, 26, 48). I submit that my discussion also warrants the conclusion that the theory of affects as drive-representation (10, 31, 48) applies only to such affects as, for instance, anger, rage, guilt, but does not apply in themes a way to the affect anxiety.

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[10] This applies in the first place to the libidinous drives. The discussion of whether the discharge of the aggressive drive also may result in pleasure is beyond the scope of this paper.

We may even go one step further and hypothesize that the infant's *responses* to instinctual drive tension originally use the channels and apparatuses of the instinctive ' avoidance and fright response ', when these apparatuses cannot yet be used for ' fight or flight '. It is possible that this is the origin of traumatic helplessness of the infant in the face of mounting drive tension. On the other hand, with the maturation of the necessary apparatuses, the aggressive drive can be mobilized to eliminate external danger by flight, instead of avoiding it by flight. This assumption would be consistent with Rapaport's formulation that drives are the ultimate guarantees of autonomy from the environment (50).

The intricate linkage between instinctual drive, danger, and anxiety, was one of Freud's earliest discoveries. While I have discussed earlier in this paper the possibility of a phylogenetic link between sexuality and danger, the preceding discussion might throw some additional light on some aspects of the ontogenetic development of danger: on the relationship of internal and external danger, the frequency of projection of danger, and on the ever present tendency to confuse instinctual drive tension with external danger.

It may also cast light on the fact that with the gradual development of derivative drives, and of such ego functions as anticipation, the tendency to avoid both external danger and frustration of drive satisfaction assumes certain characteristics of an instinctual wish.

My discussion of the basic difference between instinctual drives and the instinctive ' avoidance and fright response ' raises the following problem: Rapaport (46) tried to formulate the ' conceptual model of psycho-analysis ' as follows:

(Need-Satisfying Object (Need-Gratification and/or
↓
NEED ⟶ and/or ⟶ Affect Discharge and/or
↓
Delay) Ideation (of Goals and Means))

In this model, which is centred on the need tension arising from an instinctual drive, the affect discharge finds its place as drive representation. My discussion of the basic difference between instinctual drive and the ' avoidance and fright response ', and of Freud's antithesis between the ' primary experience of satisfaction ' and the ' experience of an external fright ' seems to require a modification of this model. We should either have to formulate two models, one centred around the drive *seeking* gratification (tension relief) through the need-satisfying object, and one centred around the *necessity* (in contrast to a *need*) to *avoid* pain-danger – a different kind of tension, arising through external stimulation.

The other preferable possibility would be an attempt to include the two polar tendencies, the *need to seek* and the *necessity to avoid*, in one model. We may finally see in these two polar tendencies a model of ambivalence.

This discussion of the problem of anxiety and instinct might—in spite of so many unanswered questions—add to our understanding why, indeed, the affect anxiety plays such a unique role in normal and abnormal development.

To summarize:

(i) The affect anxiety is evolutionally linked with the biological responses of ' withdrawal ' and ' avoidance ' (51).

(ii) These responses have achieved during evolution certain instinctive characteristics. They did not, however, reach the status of a ' drive '. ' Withdrawal ', ' avoidance ' and finally anxiety remain therefore *reactions* to certain perceptions.

(iii) Perception and anticipation of danger are evolutionally linked with the perception of the intensity of stimuli (51) and with instinctive I.R.M.'s and releasers.

(iv) The evolutionary development of instinctual drives and ego and superego structures, and the ' internalization ' of the mental apparatus in man, result in the gradual development of ' inner ', instinctual danger. The ontogenetic development of the affect anxiety reflects this complex evolution of both danger and the response to its perception.

' *Passivity—a Characteristic of Instinctive Behaviour* '

One of the characteristics of instinctive behaviour is that once an instinct is released it, so to say, takes over and its discharge cannot be stopped. The analogy to Rapaport's second model of passivity is obvious. Deep ego regression can result in such a state of passivity which we can postulate as having existed ontogenetically and phylogenetically before the development of inhibitory structures.

Rapaport has emphasized that passivity is always relative. Here, as with all such formulation, we have to think in terms of a continuum. Passivity in this sense is thus a basic characteristic of ' instinctive behaviour '.

We may now describe two forms which ' instinctive behaviour ' can take; one, in which only its generally repetitious, stereotyped, passive character will be indicative of instinctive behaviour, and one more special, in which the original ' instinctive behaviour pattern ' can be recognized. This second form obtains in certain affects and especially in anxiety, where a simultaneous availability of instinctive and learned responses persists.

Reconsideration of the Concept of Repetition Compulsion

After this long detour we can now return to the problem of repetition compulsion. I have emphasized that the link between repetition compulsion and the theory of the death instinct constituted a great stumbling-block in our understanding of the repetitive phenomena subsumed under the concept of repetition compulsion. The designation of repetition compulsion as a regulative principle of the mental apparatus, which is ' beyond the pleasure principle ', added to the difficulties.

Freud introduced the concept of repetition compulsion as characteristic of the instinctual *drives*. What led to the conceptual difficulties was Freud's correct observation that the term ' repetition compulsion ' applies to certain forms of *behaviour* of small children as well as of ' traumatic ' neurotics. However, if we assume that repetition compulsion refers to the manifestations of an ' instinctive behaviour pattern ' where the executive apparatuses are still or become again passive relative to the instinctual drive and/or the affect, then everything falls into place.

' Instinctive behaviour pattern ' is phylogenetically and ontogenetically older than learned behaviour. I have discussed earlier in this paper how in evolution such instinctive patterns may become building stones of structure formation. Hartmann's statements that ' repetition compulsion is the older form of regulation ', or that repetition compulsion can be ' domesticated ' (26) and may have its share in learning processes become even more meaningful in the context of my assumption that repetition compulsion is an example of passive, instinctive behaviour pattern.

Already in Chapter VII of his *The Interpretation of Dreams*, when Freud discussed wish fulfilment in dreams, he emphasized that we cannot equate wish fulfilment with pleasure. The formulation of structural concepts facilitated the distinction between the two. Freud said much later, ' There is a long way from the pleasure principle to the instinct of self-preservation ' (18, p. 129). We may paraphrase this statement by saying: there is a long way from the pleasure principle as regulating principle of drive discharge to pleasure as affect, experienced as such by the ego, and from the discharge of an instinct to pleasure. Pleasure as an experienced affect is an ego response. If repetition compulsion therefore leads to unpleasure, this is not an indication that repetition compulsion is a separate regulative principle, different from the pleasure principle. Discharge of an instinct is frequently experienced as unpleasure, and it is only in analysis that we can demonstrate the wish-fulfilment character of such unpleasure. This applies even more to the discharge of the ' avoidance and fright ' instinct and to its evolutionary counterpart in man, the affect anxiety. Avoidance of danger can thus result only in ' negative pleasure ' (avoidance of displeasure). The affect-discharge, especially the regressive, resomatized anxiety response, is never pleasurable. Even secondary libidinization of anxiety is not pleasurable, and to prove the presence of such a libidinization is one of the most difficult tasks of analysis.[11] Repetition compulsion as extreme passivity to instinctual drives and especially as the extreme passivity in the anxiety situation is usually experienced as ultimate danger by the rest of the ego and therefore as traumatically unpleasurable.

All this, however, does not establish repetition compulsion as a special regulative principle. If my assumption of repetition compulsion as an example of passive, instinctive behaviour pattern is correct, then the repetition of the trauma in post-traumatic dreams would be actually more a ' compulsion to repeat ' and would have, to use Bibring's terminology, a restitutive function. It is not an example of supreme passivity but rather an attempt to restore activity.

Let us now return to the point of departure in our discussion of repetition compulsion: its occurrence in analyses of severe phobias with somatization and severe obsessive compulsive neuroses. Such cases show, especially after the breakdown of certain defences, a regression towards passivity, resulting in an encroachment of drive derivatives upon various ego functions. We see an interaction between drive regression with prevalence of pregenital and destructive phantasies which are incapable of proper discharge, and an ego, unable to evaluate danger realistically, especially in the area of sexuality, which is phylogenetically linked with danger, an ego operating in ever wider areas with primary processes and non-neutralized energy. The result may be passivity towards the instinctual drives and towards the instinctive 'avoidance and fright response', resulting in the phenomenon of repetition compulsion.

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[11] The pleasure in gambling, in dangerous sports, etc., is of a complex nature, and can be best understood in terms of E. Kris's ' Regression in the Service of the Ego ' (32).

In sum: this paper has aimed at a reconsideration of the concept of repetition compulsion. I have tried to approach this problem by applying to it Rapaport's models of passivity and activity, and by tracing the fate of instinctive behaviour patterns in man, their interlocking with and simultaneous availability with ego functioning. I hope that the approach has helped us not only to a new view of repetition compulsion, but brought us also closer towards the understanding of the phylogenesis and ontogenesis of affects, as well as of ego and superego structure.

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PREMATURE EGO DEVELOPMENT. SOME OBSERVATIONS ON DISTURBANCES IN THE FIRST THREE MONTHS OF LIFE[1]

By

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In this paper I am reporting observations made on a full-term infant and followed for seven years. These observations relate to neural patterning which seems to result from premature stimulation in the first three months of life. They suggest that a more or less irreversible and what may rightly therefore be called a *constitutional* influence can be exerted by the early *environment*.

Greenacre (3) raised, in effect, the question of environmental contributions to constitutional equipment. She discusses the organization of prenatal and immediate post-natal narcissism, the influence of birth upon it and upon the predisposition to anxiety. She suggests that experiences in these earliest days of life ' leave some individual and unique *somatic* memory traces which amalgamate with later experiences and may thereby increase later psychological pressures.' She goes on: ' It is in fact extremely difficult to say exactly at what time the human organism develops from a biological to a psychobiological organization.'

Schur (8) in a definitive series of papers shows processes at work in the change from biological to psychological organization. He discusses the relation between neural-biological patterning and the psychological affect of anxiety. He also adds a new concept when he refers to ethological analogies in the neural patterning. He concludes: ' When children show an innate or early acquired homeostatic instability, both maturation and ego control are jeopardized, resulting in imperfect and unstable desomatization. . . . Such children show predisposition to severe anxiety and to severe pathology, specifically also to psychosomatic disorders.'

From psycho-analytical reconstruction it is assumed that environmental factors in the narcissistic phase of libido organization contribute to the origin of a wide variety of conditions such as addictions, fetishism and perversion, psychosomatic disease, prepsychotic, psychotic and other disorders. Reconstructions along such lines are familiar from the time of Freud's original proposition that the fixation point for dementia praecox lay at the stage of primary narcissism. Observations of what the fixating experience in infancy would look like, however, are not common.

Mahler (5, 6) in her studies of autistic children *reconstructs* such a fixation point, but the youngest child on whom she reports *observations* is eighteen months old. She refers to a clinical syndrome observable in infancy which she calls by the name ' organismic distress '. Anna Freud describes how early somatic upsets may pattern later psychosomatic responses.

The study most relevant to the present case is that of Bergman and Escalona (1) who in a direct observation on full-term infants describe a syndrome of ' unusual sensitivity ' around six months. These are infants who are at first so precocious as to seem budding geniuses. They also show, however, very much the quality of tenseness and characteristic jumpiness which I shall describe. Like Goldstein's idiosavants (2) the precocity and alertness proved in follow-up to be associated with weakness and vulnerability, so much so that in their later development they showed reactions of psychosis, traumatic neurosis, and feeble-mindedness. They in fact show first precocious ego development and then a later failure of ego development, both of which the authors relate to the ' unusual sensitivity '.

My observation is a description of the response to handling of Bergman and Escalona's type of infant. It is also the sort of experience in infancy which psycho-analysis at a later stage might reconstruct when a trauma is assumed in the phase of primary narcissism. I draw conclusions about dynamics and metapsychology, but there is an applied aspect to the case, for I suggest that neural-biological patterning is reversible only at the time of the trauma and is not itself directly accessible to later psycho-analytic interpretation, since it is not symbolic. In this way the observation reported underlines and defines the prophylactic importance of environmental homeostasis (i.e. successful mothering) for the normal infant.

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[1] Paper read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

The infant I shall describe was in a state of tension due to hunger for about three months. It was born hungry, and after birth a monthly nurse fed it not to satiety but on a rigid schedule. Although it gained weight steadily it was never satisfied, and so it was always tense, alert and jumpy. The mother, being preoccupied after the death of a brother, was prevented from acting in the skilled and experienced way of which she had before and later proved herself capable. But this is not relevant, for her failure in mothering was mediated to the infant by a failure of need-satisfying function, and the infant's reaction to chronic slight hunger was the result. In fact feeding was done by a nurse for six weeks.

Of interest from the point of view of early neural patterning is the fact that the child still has a wool fetish as transitional object or comforter and that the observer predicted this would happen during this first month. It seemed to arise in the following way: the nurse tied the infant's hands before feeds in a napkin. The infant in its chronically restless and hungry state sucked and mouthed this. The tying only happened for one month, but nevertheless she still, at eight years old, picks a jersey while sucking her thumbs, and tickles her nose and upper lip with the wool she has picked. This could be an accident, but it might also be regarded as a permanent biological pattern of discharging tension which originated at this point; a sort of permanent conditioning or neural patterning such as is described by Greenacre on the one hand or the ethologists on the other.

I emphasize that different varieties of patterning are part of such a general syndrome that individual outcomes are not an issue. The fate of early ego nuclei to some extent depends upon subsequent experience, and so the question whether such a reaction-potential disappears in a split-off uncathected ego-remainder or enters fatefully into all subsequent ego considerations depends upon our well-established principles of psycho-analytic child development.

It seems to me only a question of dosage of tension and style of impact that governs what form of patterning is established. For example, in this case a premature ego development with some prepsychotic type of verbal and motor qualities appears, but if instead of hypercathexis of attention there had been vomiting and diarrhoea or more prominent somatic discharge phenomena, then these would have attracted cathexis and instead of a premature ego development a psychosomatic development would have taken place.

The reaction by neural techniques that did occur seemed largely to by-pass motility. Since motility is the first agent of reality testing, may this not offer a prodromal encouragement to later pathological traits that muscular techniques would not? Freud speaks of muscle sadism as directed in a primary way to objects. Could techniques of neural or mental control act as prodromal states for a cerebral analogy to muscle control? Such accidental experiments happen all the time and can be watched in a proportion of new babies.

The infant which I shall describe could be seen to lack the normal instinct barrier (the Reizschutz, described by Freud in 'Beyond the Pleasure Principle'). It showed the 'unusual sensitivity' described by Bergman and Escalona and for example at two weeks, although it lived in deep rural quiet, it would, unlike an ordinary baby, be roused from sleep even by a distant back-fire, by a dog's bark, by the noise of a far-off aeroplane, a door slamming, or footsteps close at hand.

Even during the first fourteen days the infant was not only excessively wakeful owing to this perceptive acuity which, as Sandler (7) points out, is in itself an activity, but also reacted by means of such motor response as is available to a full-term infant. What should be stressed is that this 14-day infant in turning its head and eyes and reaching *gave the impression of a much older baby* apparently forced by its instinctive need to act as though focusing and purposive, certainly anticipating and therefore *forced to tolerate delay*. I would contrast this with the situation of an infant whose mother provides an instinct-barrier. Only the mothering person can arrange this, for an infant cannot arrange an instinct-barrier for itself beyond a certain point. Such a barrier was only provided from three months old when this infant was fed to satiety for the first time.

The function of the mother as guardian of the instinct-barrier has been made actual for us in Winnicott's (9) writings. The mother, by her devotion (which is mediated to the infant by her continuous presence and resulting special empathy with its needs) can anticipate and divert almost all stimulation reaching her baby or ration it so that it is enough but not too much. In this way she sets up what Winnicott has called ' a good enough holding environment '. The mother who provides this acts as an auxiliary ego and saves the baby from both under- and over-stimulation and from premature development of its own resources.

The situation is different by the end of the first year, for as the months go by the mother gradually passes her functions over to her baby. During the reign of primary narcissism, as Hoffer (4) stresses, the mother is the whole environment: a healthy infant can so to speak ' assume ' this and so take no responsibility for itself until the mother judges it possible. *Premature ego development would imply that the infant, during the phase of primary narcissism, took over functions from the mother in actuality, or started as though to do so. This would not be phase-adequate behaviour under three months.*

Consistent failure to guard the instinct-barrier happens when, for reasons either of her situation or of her personality, the mother cathects other things than her baby and, as we say, ' has something else on her mind '. In either case she is compelled, whether it is by circumstances or by her nature. Her interest is drained away from the task which for these few earliest months Winnicott properly defines as ' almost 100 per cent adaptation '. Incidentally, to fulfil her function of total concern for her baby and not to have preoccupations and distractions she, too, needs an auxiliary ego, and under modern conditions this is often the husband's role. In this case the nurse's training prevented full need satisfaction.

The infant I am describing showed by the age of three months to an observer, and also in photographs, a facies which to an onlooker expressed something between bewilderment, discouragement, and depression. This was a quiescent state which alternated with a hyper-reactive tendency and hyper-sensitivity to stimulation affecting all perceptive channels. Nevertheless by eight months this baby had overtaken its early difficulties and had won a prize in a baby show, and indeed was rather overweight. This gain in weight was certainly connected with a capacity to drink large quantities more rapidly than usual. Having charming colouring she was a natural prizewinner. This has since become her public personality. She is accepted as unusually attractive and successful and this impression remains, however vulnerable or potentially depersonalized she may be.

In spite of these compensatory favourable elements this infant, as she grew, began at later ages to show in her character classical oral traits which would normally be lost sight of by being absorbed and sublimated during the course of development. At eight months her very appealingness, which we might also call object hunger, and also her later sympathetic quality were, I suggest, pseudo-sublimations of an impaired sense of identity and of a fluidity of identification. This seems to be related to her responses of mental alertness and liveliness from earliest weeks which, when compared to the phase-adequate response, are relatively pathological in that they represent blocking of age-adequate instinct. This pathological aspect is not altered by the fact that they are later exploited in the service of ego-development proper.

To give an example: early reactivity to the environment and facility for identification had the effect at later ages that if there was a period of contact with other children, for example on a holiday, there was liable to be, to a quite different degree from other children, an obdurate acquisition of their mannerisms, accents, postures, and interests. This particular child's character at five was full of ' attributions '. Being with her, if one knew the quotations, was like listening to a musical pot-pourri. Socially this passed as deliberate and to some was even an attraction. I think it should make us uneasy if we consider it a narcissistic process of identification and as such a substitute for true object relations.

In psycho-analytic terms, then, instead of a phase-adequate access to instinct and physical function, so to say a body ego relish leading through need satisfaction to object relations, this infant cathected and developed a narcissistic ' thought action ' which also fulfilled a need satisfaction, but in a different way. On the one hand such infants miss something, and on the other they acquire a quality that others do without. That is, they develop non-muscular and symbolic aspects of themselves which are yet active responses. This is a special kind of ego development with its own potential advantages, no doubt, as well as disadvantages. We should only evaluate reluctantly. They may even come to have survival value in later life.

To give an example of the reciprocity of mental and motor reactions in the basic constitution. In follow-up, this child from the time of first walking and expressive gesturing showed a subtle disorder of motility which seemed to be linked with her unusual mental plasticity and activity. She was always ' falling over herself ', partly out of impulsive haste and partly out of 'clumsiness'. Her ideas ran away with her, and if she thought of a thing she was liable to act as though (by magic) it had already happened. Simple actions, such as reaching for a potato at a meal, thus led to upsetting the water or banging herself. The intermediate steps seemed to be lost in a magical elision: only the potato mattered, as it were, and the glass and chair did not exist for her. It seemed natural that magic proper later became important to her and she was often spoken of as a witch because she was preoccupied with magical influences which never occur to less ' imaginative ' children. This also showed in her punning and neologisms and in her idiosyncratic and distinctive way of using words. A variety of constitutional traits, not only of oral character, but also schizoid mechanisms and characteristic motility and body habitus were related to the particular sensorimotor balance which this infant developed. This includes also the later-developed characteristic mannerisms with the arms and the willowy way of running and walking which could have a magical and symbolic significance giving them affinity with the organ speech of developed schizoid processes.

As an example of how the fate and outcome of such tendencies may be influenced by handling, I will describe a successful attempt at prophylaxis in this case. Her sibling when she was three and a half went to morning nursery school. The two-year-old, in her wish to keep up, began efforts at further inappropriate ego development; that is, she began to learn letters and to pretend to read and write and gave her parents the impression that she would make great strides in intellectual development. I do not think that any amount of talk could have dealt with this. Intellectual lopsidedness could only be prevented, and a phase-adequate development ensured, by means of what was really an enforced regression.

This calculated regression took the form of systematically offering a more age-adequate gratification at the very time each day when the mother was preoccupied getting the older sibling off to school. It was nothing to do with verbalization, but purely a matter of handling. The mother being busy, the father gave up some work and devoted himself to his child for an hour in mutually sharable and enjoyable activity: swings, shopping, and walking to do things with Daddy, but with emphasis on the child's need.

This two-year-old child's clumsiness, I suggest, had symbolic implications. To enjoy ordinary reality-adapted motor activities became therefore therapeutic. Words could never produce this, and indeed would only have aggravated the tendency to use symbols. With two-year-olds actions are more phase-adequate than words, which means that in the hierarchy of development actions are regressive rather than progressive dynamically speaking. This handling enabled the child to look forward to a phase-adequate alternative to going to school which she came to value equally. It successfully reduced the intellectual precocity and the symbolization and delibidinization of objects which this threatened to enhance. It reinforced her reality testing, her control of her body and realistic mutuality with her father and got rid of her wish to go to school and all that it stands for in a mental way.

In passing we may say that it is important to note how hard it may be for parents to resist the pressure and seduction of one-sidedness in favour of all-round development. It is easy for the parent to take credit for having a ' forward ' child, and not to notice at the time the loss of later ego-integration from narcissistic developments not achieved through object relations. This would be an example of the kind of choice before parents which so subtly enters into the ego-ideal and superego of a two-year-old. It is interesting too for the study of early predispositions that in the phallic phase compensation of the pre-patterning led to the development of special skill in running, climbing, and jumping in identification with boys. This must have been partly reactive and defensive in terms of the earliest experiences and in some degree therefore depersonalized in terms of affect. Gradually the motor features of the earliest times, as other compensating areas of ego developed, came to show only in revealing moments of stress.

Metapsychology

My case, while in no way psychotic in outcome in terms of Kanner's cases, can be understood as having been started by environmental experiences in the first three months down the road to atypical development. I am suggesting that as a result of chronic tension through continual physical hunger in the first three months, we can much later observe the effect of a constitutional tendency to a state of regression within the infant's mental apparatus from the motor to the sensory end as described by Freud in Chapter 7 of *The Interpretation of Dreams*. In this chapter Freud gives a diagram showing the passage of stimuli in a progressive direction from perception, via memory storing agencies, to unconscious, preconscious, and conscious areas of the mind. In dream formation this direction is reversed, the logical relationships of the dream thoughts disappear, and 'the fabric of the organized dream-thoughts is resolved into its raw materials'. Freud speaks of this as a regression towards the perception end of the apparatus.

In the mental apparatus of the very young infant we do not think of thoughts in an organized sense. In the cases I am describing the capacity for delay has to be developed; in this particular case progressing from 2 weeks old. Capacity for delay is the distinguishing feature between reflex activity and more organized activity in the central nervous system. In this type of infant there is an economic flooding and hypercathexis of the perceptual and memory-storing end of the mental apparatus in the absence of any 'progressive' means of discharge. This is not the result of a dynamic regression from secondary to primary process, as in dream formation or psychosis, but of traumatic over-stimulation of the sensory apparatus. My picture is of a physiological 'organ compliance' brought about by memory agencies flooded with memory traces, the whole balance of the process from perception to motility becoming then disturbed by what physiologists call 'facilitation' of this part of the mental apparatus. To state it differently: this is not the dream mechanism: thoughts dissolving into images, but, as it were, a traumatic access of images threatening to organize into thoughts. This at a time when secondary process is not, certainly, phase-adequate nor, to my mind, probably even possible. Some motor activities, however, are possible. These together with the activity of perception will help to act as discharge systems.

Mahler perhaps has this in mind when she discusses the effect of a shift of cathexis from proprio- and interoceptive perceptions, which are the phase-adequate neurological arrangements of this age, to external perception. The shift, she argues, leads to diminished cathexis of the infant's own body and so also of the mother's body in order to cathect what is to become 'the peripheral rind of the ego', as Freud calls perceptual consciousness. This would involve a sort of secondary 'organ compliance' within the nervous system. The significance of this shift is as follows: at a certain point ideas become possible in the course of normal development, with this pre-patterned bias manipulation of a sensory imago takes place instead of manipulation of reality. If this underlying prodromal pattern is reinforced by usage and habit, then the stage is set so that in due time intrapsychic events can come to be treated as realities, ideas as though they had substantial existence, words as things.

In developed forms these are mechanisms characteristic of atypical cases, as also is the complementary peculiarity of magical organ speech shown in motor expressions such as the style of walking, posture, and gesturing. The characteristic 'willowy' or 'fey' manneristic quality, of which the 'schizoid grin' is the best-known example, is of course then not only descriptively but metapsychologically diagnostic of an early narcissistic trauma. The movements represent not only a retreat from reality testing (effected by altering reality through motor manipulation) but also, in correspondence with this, a tendency to use magic perceptual and thought techniques instead. This may be chronic, that is, organized and a character trait, or it may be a split-off part of the ego showing only transitorily in moments of stress and regression. In either case it may be found associated with an otherwise stable ego; depending upon later development. Happening as it does in the predominantly biological phase of infancy such patterning must be conceived as being as much part of the constitution as, for example, the effects of premature birth or physical birth injury.

The word constitution, following Freud's comments in *The Outline of Psychoanalysis* and 'Analysis Terminable and Interminable', and following greater acceptance of Hartmann's concept of autonomous ego functions, has come to require a stricter definition. Nowadays it seems often to be used by psycho-analysts as automatically meaning 'hereditary'; 'part of the germ plasm'. But this is only one of its meanings. Psycho-analysts were the first to recognize systematically that character traits which descriptive psychiatrists and general usage would consider 'constitutional' can in fact have been acquired as the result of experience. For example: if an obsessional tendency can be hereditary. This would not exclude the possibility that an obsessional *constitution* can also be acquired. Freud suggests the mechanism. Speaking of a later age, he remarks: ' Premature advancement of the ego development ahead of the libido development contributes to the obsessional predisposition '. Hartmann may have had this passage in mind when he says: 'Acceleration of certain integrative processes may become pathological. Premature ego development, for example, may in this sense be considered as one of the factors predisposing to obsessional neurosis.'

The process of cerebral controlling which I describe in early infancy could in its turn be an anlage for such a later psychological development. This may be one of the kinds of ' increase of later psychological pressures ' which Greenacre has in mind. It is important that we should not assume ' the acquired ' to be in all cases ' the therapeutically reversible '. By definition constitution cannot be reversed, but of course its consequences can be better or worse managed, or changed in psycho-analysis. It seems probable, nevertheless, that traits which are in process of being acquired can, during development, be reversed if prophylactically handled at the time. The traits hardest or impossible to reverse would be those of the undifferentiated phase of development which have a biological, physiological, or perhaps ethological impact.

To express this clinically: as psycho-analysts we do not believe that we can retrospectively abolish an 'oral character' such as was developed by the infant I have described. We can and do, however, alter the *consequences* of such constitutional qualities in our clinical practice, recognizing that there is in fact a limit to what is psycho-analytically alterable and a line at which traits have to be accepted as constitutional, even if this line is hard to establish. Bowlby's reminder that there are critical phases in embryology and their application to ethology would represent such dialectical instances in development, and Balint's concept of ' the basic defect ' would represent a clinical outcome.

It seems important for prophylaxis, that when we are merely uncertain about the origin of a trait we should not, in attributing it to ' constitution ', be understood inevitably to mean ' hereditary ', but should allow that there may well be an acquired element in the constitution also, whether the patterning becomes symbolic and psychological or remains non-symbolic and psycho-somatic or, so to say, ethological. Somewhere in the developmental hierarchy there is, by common consent, a transition from these mainly physical and biological experiences of the undifferentiated phase to psychological ones, the timing of the transition and its role in the personality being a matter of a complementary series. My purpose in this paper has been to show how mothering of very small infants may contribute to this transition during development.

Conclusion

As a clinical sign of the normal transition from the ' virtually biological ' to the psychological phase of development I would suggest: onset of a capacity to recognize the mother as different from other women. This ability when present confers a capacity for anticipation which also means the capacity for a more psychologically significant ' disappointment '. This more specific reaction is a development from the less specific tension states which would be the infant's response to frustration of the earliest developed prodromal cues such as recognition of posture or other kinaesthetic, olfactory, more primitive cues.

What I have not seen described elsewhere is the fact that the age at which this wider and more elaborated gestalt of recognition of the mother arrives *depends among other things upon the specificity with which the infant has previously been handled.* Spitz puts this age at 6 or 7 months, but in infants who are handled by one mothering person only and are under unchanging physical and affective conditions specificity arrives earlier. This is shown by the infant's directed smile (which is different from the reflex smile). It can be observed for example that a mother-specific infant at say three months old will for a while smile only at its mothering person and cry if other women approach it. This for a short phase of a week or two; then it will discriminate successfully and can smile again at all suitable people.

The earliest age at which I have seen this specificity of directed smile is at 3 months and 5 days in a full-term infant. This infant also at five months had a phase of specificity to its father, when, although it remained friendly to all women, for a few weeks it cried at strange men as though it could not properly discriminate them from its father. I have not elsewhere seen it stressed how the specificity and integration of the infant are influenced by specificity of handling and that this might advance integration in the infant.

To develop sufficient personality integration to recognize the mothering person the infant has to respond to environmental cues which it connects with her. Response to these cues is first acquired by a process best known in Pavlovian conditioning. Then at a certain point the gestalts of individual cues integrate and widen, so that we say the infant can discriminate the mother from other women. Although this achievement may be a useful clinical sign for us, its real importance is metapsychological and lies in its indicating a critical degree of personality integration and reality testing, that is, a relatively elaborated capacity for disappointment. In the case I have described such a capacity for 'disappointment' or delay in some prodromal neural way seemed to be forced onto the infant at only two weeks of age.

By means of the specificity of smiling response we can discriminate the significant difference between two sorts of babies who, I am suggesting, have very different starts in life: the baby with specificity of aims in its first six months of life which speaks of ' good object relations ' and the bewildered baby elaborating defensive need systems narcissistically.

Summary

In this paper a syndrome is described which is common in the first three months of life. One possible outcome is suggested in premature ego development and also a potential relation to many other later syndromes thought of as fixations in the phase of primary narcissism. The idea is advanced of an environmentally acquired part of the constitution comparable to neural patterning. This patterning would be potentially prodromal to all later psychological development, and as Greenacre puts it ' may increase later psychological pressures '.

The patterning would be non-symbolic, and being biological probably not itself accessible retrospectively to psycho-analysis. This of course does not apply to its consequences in personality development. It is suggested that dynamically regressive handling at the time of the trauma acts through narcissistic gratification to avoid substitutive reactions which are not phase-adequate. Two instances of this are given, the adequate feeding at three months and the special encouragement at two years by the father. Attention is drawn to Winnicott and Hoffer's formulations of the phase-adequate experiences of the period of primary narcissism.

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THE RELATIONSHIP OF EARLY EGO IDENTIFICATIONS TO SUPEREGO FORMATION[1]

By

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In psycho-analytic theory the concept of superego includes a psychic structure that acts in regulating the relationship between the instinctual drives and ego, and the outside world. The concept of superego formation involves the process by which prohibitions and restraints, once externally imposed, become internalized. Then the actual presence of the original prohibiting persons is no longer required. We use the term internalization to describe that process by which the ego forms inner or psychic representations of objects that had originally influenced the child from without. This process is a continuum from perception, to imitation, to taking over a characteristic of an object in an ego identification. The more developed the internalization process, the more subtly and intimately blended is that attitude or characteristic as part of the ego.

Numerous authors (Hartmann, Kris, and Loewenstein (3), Jacobson (4), and Reich (5)) have pointed out that early identifications which influence the ego also leave their imprint on later superego formation. In this sense such identifications may be regarded as among the precursors of the superego. These early ego identifications form in part around the limitation or restriction of behaviour. The formation of early identifications is influenced by the early interaction between mother and child, an interaction which reflects constitutional factors, state of development, and the mode and degree of satisfaction or frustration of needs in the child (6). In the perception of each other, mother and child share an experience which will result in differing magnitudes of conflict in each pair (1). Later, if the conflict is sufficiently intense the child tends to project the image of the mother and to perceive it in other objects and situations. The conflict is then warded off as though it were a reality danger (6).

The degree of internalization, that is, the degree to which an individual can make a characteristic of another person his own, is one of the most important indices of identification (1). It is our view that the degree of internalization has a bearing on the type of later superego formation. In older children and adults the superego reflects the degree to which prohibitions, ideals, and values have been internalized or still need to be externally personified in a parent or surrogate. Observation of the early ego identification processes in young children can therefore be useful toward the further understanding of the import of these identifications on later superego formation. Such observations might usefully supplement the understanding of these developmental processes gained from reconstructions in the analysis of adults.

The observations reported here were made on three children who were members of a larger group participating in a study which began in the first pregnancy of the mothers. This study was instituted by Ernst Kris and Milton J. E. Senn at the Child Study Center of Yale University in 1949. The children and their families were observed by the pediatrician in periodic infant tests and in sick- and well-baby care, by the social worker in home interviews, and by nursery school teacher and psycho-analyst in the nursery school. The three children to be discussed here have also been in psycho-analytic treatment, and much of the data presented in this paper comes from the treatment sessions. (Although it has been well established that the relationship to the father plays an essential role in superego formation, our remarks will focus mainly on the mother's influence on the child's superego formation. This is partly because our observations deal with the young child, and partly because our observations of the fathers are not complete.)

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Margaret was the firstborn of a young couple who had a background of social and emotional deprivation with guilt-ridden ties to their respective parents. Mr and Mrs C. were rigid, moralizing, conscientious parents who disapproved of pleasure as a weakness or evil. Children were viewed as creatures who will exploit parents if they are not carefully controlled. At the same time they were regarded as vulnerable to being damaged by their parents. Mrs C. seemed to have little empathy for the child's affective state, and did not guide herself by the child's growing capacity for self-regulation.

Margaret was born with a persistent low tolerance for tactile, kinesthetic, and auditory stimuli. In early infancy she responded to these stimuli with hyperactivity. Position change precipitated by an auditory or tactile stimulus was frequently the beginning of prolonged diffuse motor activity with signs of great discomfort. This made it difficult to hold and comfort her.

Because Margaret's sensitivities were painfully heightened by the mother's tense, frightened handling, the child early developed techniques to avoid the direct physical contact with the mother, e.g., toward the end of her first year she was more easily soothed by seeing the mother and being talked to by her than by direct physical contact. The relationship to the mother was also reflected in the defensive manoeuvres that Margaret used in new or stressful situations. Since the mother was often experienced as threatening rather than safe and comforting, the developing child experienced the outside world as a threatening place since it represented an extension of the image of the mother. The perceptual sensitivities were defensively transformed into a frightened anticipation of the new or unexpected. In her third year this anxious anticipation could be observed in her attempts to organize visual and auditory aspects of new situations before she could relax sufficiently to relate to them. Then she practised at her adjustment in a tense, dutiful way. For example, in the fourth year of life Margaret was panic-stricken the first time she was taken to see Santa Claus. Her parents described her as pale and frozen in her appearance. However, she did not flee, and after she had enough time to look at Santa Claus and listen to him, she compelled herself, with the encouragement of the parents, to approach Santa Claus and make a tentative contact. In the analytic treatment situation she talked of Santa Claus as someone she wanted to see again so he would give her many presents. Subsequently she practised getting closer to Santa Claus figures so that by the fifth year she could go directly to a Santa Claus and talk with him. However, there was still more anxiety than pleasure involved in the experience.

In Margaret the internalization of prohibitions tended to remain at the level of imitative behaviour. Obviously, there were evidences of internalization, but even in the absence of the mother she behaved as she felt her mother would want her to, and very much as though the mother were present. Thus, Margaret's attempts to follow her own inclinations were usually painfully interdicted by the mother. She substituted compliance with the mother for adaptation to the objective situation. The mother reacted favourably to the child's compliance though she occasionally cringed at the satire of herself portrayed by Margaret's imitative behaviour.

Margaret's oedipal behaviour as seen in her psycho-analytic treatment and nursery school play revealed a depreciation of the man who was dominated by the woman. It was the woman who was active, assertive, and limiting. The man was her instrument and was dangerous to the woman if he was not. There was a paucity of tenderness and manifest passive longings. Thus the romance with the father was not convincing because the main object remained the mother who did not permit the father to become important except as a provider. Also, there had been no experience of tender feelings with the mother to prepare the child for a kinder relationship with the father. It was under the influence of the grandmother that Margaret's bride fantasies emerged. These fantasies emphasized various ways of capturing a provider. Tenderness and erotic investment were less important. The women could trust only each other, not the man. In the nursery school play her efforts to possess a boy as exclusive property usually drove the boy away. This behaviour revealed the imitative identification with the bossy mother. It was aggressively acquisitive, lacking in receptivity, coyness, and femininity, revealing the stunting of the oedipal development. Thus, in the oedipal period the developing superego did definitely reflect the internalization of the mother's discomforting characteristics. However, the child continued to experience these discomforting characteristics as an outside demand, rather than as an internalized guide, indicating again that the process of internalization had been impeded.

Margaret's relationship with the mother could be described as relatively deficient in satisfying libidinal ties. This does not imply the absence of a libidinal tie, but does suggest that the child could feel loved by the mother only after compliance with the latter's anticipated wishes. This compliance served to reduce the threat of physical closeness, and later to ward off the angry disapproval and spankings of the mother. In adapting to the rigid, discomforting mother Margaret developed a psychic image of her that interfered with internalization. The image of the mother more often evoked defence against discomfort than anticipation of a soothing pleasurable relaxation. In order to deal with this image the child's ego did not take over the mother's characteristics, positive and negative, in a subtle and deeply ingrained way. The identification with the mother remained quite crude. At the age of 6½, Margaret whispered to the therapist that she was making a mess with the printing set. When asked why she was whispering she said she was afraid the mother might hear or see her whenever she did something mother did not like. Following this she told the analyst of spankings mother had administered when she had not complied with her wishes. One would expect that because she dared not rebel against her mother Margaret would be more likely to experience social anxiety and fear rather than guilt.

By the time of Evelyne's birth her mother had emerged to the study group as someone preferring a female world in which the important persons were her own mother, her sister, and a girl friend. Mrs L. gave the impression of controlling any show of emotion and of regarding strong impulses as evils. These evils included jealousy and rivalry of the sister and criticism of her husband and her own mother. Although basically an obsessional character, in times of crisis the mother had periods of neurotic illness, especially during subsequent pregnancies. She placed a high premium on efficiency, on self-reliance, and on being fair and just. At the same time she described herself as having had ' sneaky ways ', particularly in relation to her father, who died when she was in puberty. The father had been a strict, severe man given to corporal punishment of his daughters. With reaction formation she warded off her rivalrous impulses and contained her libidinal wishes. She was an introspective, imaginative person who characterized herself as a dreamer and whose relationship with the child included much mental stimulation and fantasy play.

As an infant Evelyne was not vociferous in her initial demands. She was receptive to the ministrations of her mother and was easily pacified and satisfied by the feeding. In contrast to Margaret's mother, Evelyne's mother was often aware of the child's feelings. She had a strong empathic tie to her child from the beginning, and tried to observe and respond to the child's needs.

During the first month the mother made no apparent demands on Evelyne and let her set her own feeding pattern. After this she increasingly imposed restrictions and pressures in the feeding and offered several substitute gratifications. Some of these were closer to the unmodified instinctual aims, others were at some greater distance from them. At times she gave a pacifier, at others more food. Through all the feeding the mother gave observers the impression of trying to gauge the optimal degree of pressure to exert on Evelyne without harming the child. She seemed to be trying to find the right combination of gratification and frustration. The teaching and training aspect of the feeding took a more moralistic turn at one year. At that time the mother reported that Evelyne would eat something she did not like if rewarded by something she did like. At 14 months Mrs L. could to some extent accept Evelyne's feeding herself messily, but by 16 months mother and child had made another arrangement: Evelyne was permitted to mess and feed herself at one meal daily, and Mrs L. fed her at the other two without messing.

In this manner mother exerted varying degrees of pressure on Evelyne to mould the child in the form the mother preferred. This moulding proceeded on the basis of a predominantly positive libidinal tie with the mother, whereas Margaret attempted to comply quickly with the mother's pressure in order to prevent the discomfort of being physically handled by her. Evelyne seemed to adapt herself quite well to the mother's pressures, aided in this by a capacity for receptivity, relaxation, and relatively easy pacification in the feeding.

This form of rearing and training, together with the mother's stimulation of a precocious, extensive role-playing fantasy life, fostered the subtle internalization of characteristics of the mother. At the time of her entry into nursery school at 2 years 4 months Evelyne's self-control and organization was strikingly independent of the mother's presence. She was able to take over the mother's attitudes, values, and prohibitions and fit them into the satisfaction of her own needs. She was much less rigid than Margaret, who had to adhere strictly to her mother's commands. In Evelyne, this required a level of ego functioning in which mental activities, later essential for superego formation, were well established. These mental activities included the recollecting and conceptualizing necessary for the later idealization and internalization of parental values and prohibitions. In superego formation, the idealization and internalization of parental attitudes are often an aid to the ego's adaptive efforts. In the nursery school where Evelyne was the most predictable child in the group she also showed a high degree of ego autonomy and resistance to regression under stress.

The interaction between Evelyne and her mother facilitated ego identifications useful for adaptation. These identifications made available a large flux of neutralized energies to Evelyne. This suggested that there would be enough neutralized energies for the developing superego. We may regard the identification with the nurturing and protective mother as the forerunner of a superego which itself will be protective of the ego. For these reasons it seemed likely that Evelyne would develop a superego that would be flexible and effective for adaptation. Although we consider Evelyne the healthiest of the three children presented, we know that she had an infantile neurosis. It was in her psycho-analytic treatment for this neurosis that much of the foregoing could be established.

Jerry's parents were of lower class origins, economically and culturally. They were poorly controlled in the expression of their emotions and behaviour with the child and with one another. The marital relationship was stormy. The mother was bitter and resentful because of the unreliability of the father as a provider and because of his sexual demands. At birth Jerry was rated by all observers as a very active infant, and he remained so during the five years he was observed. Throughout his development the parents handled him inconsistently. The same behaviour that one time might bring a strong rebuke or punishment from the adult, at another time would elicit an excited jovial response or none at all. The child was frequently subjected to excessive and exciting manipulation of the body. The mother's preoccupation with Jerry's bowel function and constipation found one expression in her frequent administration of rectal suppositories from earliest infancy. Jerry's motor restlessness and activity were so great by the end of the first year that he was untestable in the infant developmental examination.

Jerry spent the first five years in the tiny parental bedroom with his crib directly alongside the parents' bed. The brother, born when Jerry was three, slept in the same room. Each emerging skill and function of the child was immediately drawn into the excited libidinized and aggressivized relationship with the parents. Toys and playthings were little invested for constructive play and were also handled in an excited and destructive way. Control and compliance were achieved at home with threats and spankings. His first words were ' bad boy ', and he said ' I'm sorry ' if his mother picked up the wooden cooking spoon which presaged a beating. Jerry was identified with the sexual role of both parents. He often manifested this identification with his whole body. Wild aggressive behaviour alternated with passive behaviour in rapid succession. In the nursery school he attacked children one moment and in the next allowed himself to be wheeled about in a baby carriage. In the analytic treatment he attacked the analyst one moment and the next lay on the floor with legs raised presenting the anal and genital region saying he had been ' shot in the back '.

The mother's overstimulation of the child at every erogenous zone and at every level of activity impeded the development of ego functions. These functions emerged but were poorly elaborated or stabilized. Instead they were repeatedly and frequently overwhelmed by the highly libidinized and aggressivized interaction with the adult. As a result, mental and motor activities remained strongly under the influence of the primary process. The identifications retained an archaic quality in the totality with which they were made and the ease with which they shifted, and the psychic representations of the parents were more closely associated with inability to wait and direct instinctual gratification than with prohibition and control. Physical restraint and painful punishment were only briefly effective as controls. Those superego precursors which normally are based on identification with the parents' modes of gratifying or warding off their instinctual drives were under-developed in Jerry. In addition, the development of ego functions such as concept formation and abstract thinking, later important for superego formation, were impaired in this child.

In Margaret the combination of the child's sensitivities and the mother's anxious handling resulted in the mother being experienced as a threatening object. This threat and the fear of loss of control due to the child's sensitivities produced a stiff, compliant behaviour in which the prohibitions of the mother were experienced as an outside controlling influence rather than as an integrated self-prohibiting force. This became the model for the defence of externalizing the psychic image of the mother. What had begun as an adaptation to the mother became a defence. The persistence of this mode of defence became an obstacle to the processes of internalization which are necessary for the formation of an independent superego.

In Evelyne the processes of internalization were more successful because the mother, who was more loving than discomforting, lent herself readily to introjection in the formation of partial ego identifications. This opened the way for later new identifications including superego identifications.

In Jerry the exposure to the parents' relatively unmodified and poorly modulated libidinal and aggressive drives impaired the development of the ego as an effective regulator of the id. In a child with a predisposition toward hyperactivity and motor discharge these overwhelming experiences, especially at the hands of the mother, led to an identification with the explosive mother in which the child acted out her impulses with his own body. This hampered the processes of internalization necessary for ego and superego identifications.

Discussion

In presenting and comparing three children who were observed in a longitudinal study we have tried to show how their early experiences and the identifications resulting from them might influence the capacity of each child to internalize the prohibitions of the parents in later superego formation. One can assess superego development and function in terms of its relationship to id and ego. We are interested in the degree to which the superego facilitates or interferes with the ego's adaptive efforts as well as how the id influences functions of the superego. Where internalization has not proceeded far enough, the forming superego may reflect the ego's defensive attitudes, thus interfering with adaptation. For example, in Margaret the conscience aspect of the superego was being experienced in terms of ' Will mother approve?' rather than ' Do I approve?' Such a superego attitude will regularly impair healthy self-esteem and interfere with the formation of a useful and well integrated ego ideal. In Jerry one would expect that superego functions would retain the characteristics of the instinctual expressions to a marked degree. Thus there would be a relative underdevelopment of the superego functions of observing and remembering which would deprive the ego of important aids in its reality testing.

In Evelyne one would predict the development of an independent, unified superego which would facilitate adaptation. Reality testing and instinctual discharge would be well balanced.

Fantasy, intellectual problem solving, and the establishment of a realistic self-esteem can be facilitated by the development of the ego ideal. The ego ideal can be considered to arise from three main sources: the idealization of the parents; the idealization of the child by the parents; and the idealization of the self by the child.[3] Such an ego ideal can influence superego formation by increasing the child's capacity to recognize and follow the limits of socially acceptable behaviour.

In considering internalization as a process that leads to identification one recognizes that when the psychic image is prominently externalized it may indicate a limitation or restriction of internalization. Internalization can proceed to the point where the ego takes over as its own characteristic or attitude what formerly had been imposed or demanded from outside. Then, this ego identification can become available as a forerunner to the prohibiting, moralizing, socializing superego and its extensions, the ego ideal and conscience. In the light of our observations and analytic findings, Freud's idea that the superego is the heir to the oedipal situation would imply that the process of internalization has proceeded sufficiently to permit the forming superego to be relatively independent of the ego, and to be an aid rather than an obstruction to ego function at the beginning of the latency period.

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[3] Personal communication, Heinz Hartmann.

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THE PRIMAL SIGNIFICANCE OF THE TONGUE[1]

(*In Normal and Aberrant Conditions*)

By

AUGUSTA BONNARD, London

Alexander Pope tells us that ' The proper study of mankind is man ', but gives us no clue as to just where in ourselves that study begins. That is what this paper seeks to do. Man begins his study in terms of perceptual experiences, whose basis is almost wholly sensory, at any rate in the early phases of post-birth life.

In consequence of a wide variety of undirected observations on the tongue's attributes and activities at all periods of life, of which a selection is here presented, combined with the recall of well-established anatomical and physiological data, the following proposition is suggested for consideration: That the first unit in the scale of measurement of experience is the tongue, starting at its tip and ending in the area of the posterior taste buds. The corollary, to the effect that the tongue is of primary significance in the organization of the body-ego, as well as serving as a primal medium of object cathexis, was first introduced in a recent communication (1), wherein the tongue figured in the clinical material used to illustrate the title ' Pre-Body Ego Types of Mental Functioning '.

The material presented was derived from three patients whose history gave clinical evidence of early disturbances of ego synthesis and functioning. Briefly, the contention was that the pathology of their types of thought processes and affective responses lay, *not* in their archaic modes of functioning, but in their unmodified primacy of operation. In particular, certain of the metapsychological conclusions which were drawn derived from the discovery, in the course of the analysis of one of the child patients, of a hitherto clinically unknown, addictive, auto-erotic device, which he described as ' tongue swallowing '. His persistent practice of it only came to be discovered as a result of certain aberrations of breathing, these being one of the consequences of its mechanical operation, as is described elsewhere (1). One of the important findings in this case, the direct application of which has led to the further discovery of two more children with long-standing and unsuspected tongue addictions, is that only by being directly questioned did the patients come to recognize consciously their repeated lingual activity. It was as if their tongue practices had, through my verbal conceptualization, become for the first time ' focalized ' into awareness by the patients. This quality of imperception towards a self-regulated motor activity will be further discussed in relation to a generalized characteristic by which the tongue becomes ' overlooked ', both in psycho-analytical work and elsewhere. One of the few exceptions is provided by the studies of Dr Clifford Scott (8). Hitherto, the role of the tongue has been underrated as that of an ingredient of the total mouth and feeding complex, even in Spitz's presentation of the ' Primal Cavity ' (9). Certain explanations will be offered for this conspicuous oversight.

Reverting to the boy patient whose remote and pale appearance, as well as his intermittent breathing peculiarities, were to disappear once it was discovered how they were brought about by ' tongue swallowing ', it should be stressed that my direct questioning brought him such instant relief as to amount to pleasure. It was as if he had thereby related himself to me and myself to him for the first time. The same pleased and animated response to direct questioning, although more fleeting, was strikingly exemplified in a withdrawn, schizoid girl, now in successful psychanalytic treatment.[2] This patient's clinical history included aberrations of breathing and pallor great enough to bring about her admission to and continued attendance at an Open-Air School. Because of her marked physical and mental improvement consequent on her analytic therapy at the Clinic (which still continues), transfer to an ordinary school is being recommended by her present Head Mistress. This girl provides my second clinical example of the strange, autistic device of ‘ tongue swallowing ’, a real introversion, be it noted, in the physical or bodily sense. Thanks to the interested co-operation of both children, their otherwise undetectable lingual activity has been photographed by X-ray. The pictures obtained clearly show the compression of the soft palate by the overcurled tongue, as well as the mechanical consequences produced by blockage of intake and output of air. This blockage of respiration, even if partial and intermittent, would be productive of important side effects on the oxygen content of the blood supply, including that to the brain. From having, perforce, had much opportunity of observing the boy patient in many of his dissociated states, accompanied as they were by pallor and lethargy, I cannot doubt their physiological promotion by partial asphyxia through ‘ tongue swallowing ’. I shall again refer to allied phenomena when discussing the possible causation of the Isakower phenomenon (11).

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[1] Read at the Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] With Mrs Lily Neurath, a child therapist at the East London Child Guidance Clinic.

Thanks to the discovery of these two cases of ‘ tongue swallowing ’ another lingual addiction was observed in an eight-year-old girl. She had declared herself (but, it should be stressed, only because of my direct questioning) a confirmed and ardent tongue-sucker. The child’s response of telling me almost with glee of her secret addiction came quite early during a routine first diagnostic interview. Indeed her confused anxiety especially noted in her school report, long-existent eating ‘ negativisms ’, and marked pre-occupation with a transitional object (a blanket edge), as well as the recent development of a nasal tic, self-damaging scratching of face and fingers, and a hitherto unrecognized inhibition of learning capacity, were all to improve, even within three Clinic interviews. Since no analysis was feasible, it was necessary to rely on the limited efficacy of more rapid but not less careful therapeutic procedures.[3] As already mentioned, one of the most surprising features of these three children was their pleasurable relief on finding themselves asked if they engaged in any special tongue activities. The little girl’s joy led her forthwith to give an ecstatic description, not only of the manner in which she sucked her tongue, but above all of her bliss in collecting from it, as she thought, ‘ the *most* delicious liquid that there is ’. Her expressions of delight were highly reminiscent of the sixteen-year-old girl referred to in a footnote by Freud in his *Three Essays* (3). This girl had written of the sucking of her ‘ Lutscherli ’ (an oral comforter) as transporting her, as nothing else could, into unsurpassable bliss, with escape from all worldly cares. She stressed that ‘ you are absolutely satisfied . . . you long for nothing but peace—uninterrupted peace.’

One pathognomonic difference, however, between the girl who could write an autobiographical account of her induced psycho-physical states and the type of case here under review, is the former’s awareness that the ‘ Lutscherli ’ belonged to the *outside* world. The same perceptual recognition would develop in fairly normal infants, of the external (or subject-object) location, even of the child’s own thumb, whereas the lingual practices in question, in that they are conducted wholly inside the mouth, would seem to be reacted to as if they had no reality existence. It is as if these practices have continued to remain at a pre-cathectic, pre-conceptual (i.e. pre-object) level. While the explanation of some aspects of this peculiarity of subliminal awareness will be discussed in relation to the nature and quality of the tongue’s services to us as our most versatile organ of discrimination, certain specific reasons for their psychic imperception, especially in the type of case now under review, are proposed, as follows. In all probability, these tongue practices have been in frequent operation in such individuals, in greater or lesser degree, from the earliest months of life, and so have retained their archaic quality of subserving *primary* narcissistic and auto-erotic, i.e. pre-object, needs. But this lingual fixation, if it can be so called, would also seem to be associated with, or possibly to facilitate an inhibition of, the normal maturational patterning of the body by erogenous zones.

In examples such as these, the tongue, instead of operating as the vehicle of cathexis and as the normal precursor of an external object, itself becomes a kind of special instance of a ‘ transitional object ', as described by Winnicott (12). Thereby it can serve instead of, or provide a by-pass for, the normal need for external object-relatedness. In the case of the little tongue-sucking girl, it seems likely that her history of manifest and sudden refusal to suck at any external thing, from the age of nine months, marked the onset of her unknown tongue addiction. At that time the introduction into the household of a seriously sick adult, who was to require many months of intensive nursing, deprived the baby of most of her mother's interest and care. As she was a very ' good ' infant, it was regarded as fortunate that she would lie for hours together in her ' pram ' in the garden without apparent distress. The blanket-fingering, also dating back to before one year of age, is among the concomitant infantile phenomena described by Winnicott, which simulate sensory (part-object) arousals deriving from the nursing situation. They serve to combine fragmented and displaced mouth sensations belonging to the feeding process into substitutive sensations obtained between fingers and blanket, or fingers and earlobe, etc. Hence they would seem to provide an interesting field for neuropsychological enquiry in regard to the interchangeability of sensory ' gestalts '. Future research will no doubt find a cortical basis for these substitutive or interchangeable phenomena, together with certain aspects of the type of displacement of representation of lingual addiction which were portrayed by the ' tongue-swallowing ' boy, by way of some of his most dangerous acting-out. For instance, his repeated attempts to strangle others served as an incomprehensible enactment of the opposite movement of his tongue within his own person. Thus, his secret inward tongue manipulation, which interfered with his own breathing, was transformed into the use of his hands on the throat of another, so that the latter's tongue would be forced outwards, in consequence of strangulatory asphyxia. A mode of reversal such as this, as also the lingualization of his whole body, as described elsewhere (1), served as repetitive ' concretizations ' (5) of an activity which was as conceptually undefined as it was invisible. Interpretation of the reversal of meaning represented by his compulsion to strangle brought this adverse behaviour as quickly to an end as his aberrations of breathing, i.e. as soon as the mechanics of his tongue pressure on the soft palate were *revealed to him.*

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[3] Four months after referral, all the foregoing symptoms had disappeared. The little girl seems cheerful and outgoing, and has since moved to a new district and school outside London. Her dread of the projected move rapidly gave way to the pleasure of finding new playmates and classmates, this sociability being one facet of a remarkable change of behaviour. Her present class teacher was astonished to learn that she attends a Clinic for psychological treatment, having been impressed by the child’s cheerful adaptability and quick popularity.

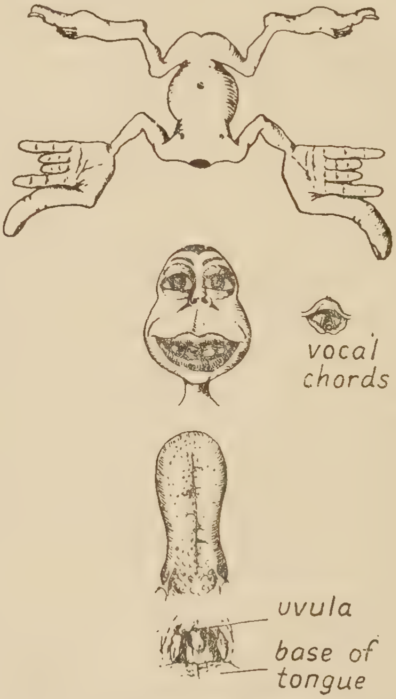
Both in his case and in that of the little tongue-sucking girl, the psychopathological value of their addictive tongue practices lay in their sensory provision of a ' closed circle ' of narcissistic self-supply, devoid, of course, of any life-sustaining value. Furthermore, the little girl had such a marked proclivity for sleeping for it to be clearly recognizable, in a clinical constellation of this kind, as serving as a mode of defensive, overall withdrawal. Thereby it constitutes another type of ' closed circle ', this time physiological, destined to render unnecessary the recognition of helpless dependence on the outside world.

Up to the present the only persons to have concerned themselves with the adverse consequences of the motor activities of the normal tongue have been the orthodontists and the speech therapists. But before enlarging on those many attributes of the tongue which, as is here claimed, destine it to be the primal organizer of the self, as well as to serve as a primal bridge in the combined subject-object relationship, other clinical instances derived from an analytic case will be presented.

The example comes from the complex analysis of a gifted woman, whose plea of depression and professional difficulties covered an immense symptomatology. Her ascetic appearance turned out to be preserved by gross starvation and drug addiction. If social requirements forced her to eat a meal she regurgitated it. Other social complications arose from the need for her to travel with a child's chamber pot for the purpose of defaecation. A major phobia interfered with the execution of one of her most important professional duties. To confessions of polymorph perversions of one kind and another were added those of kleptomania. Suicide remained a constant threat throughout much of her analysis. At one phase, when she seemed to have reached the ultimate in despair, the patient spoke of a state of mind, and of a practice, which confirmed my clinical despondency. She described how, in her most wretched and depersonalized states, she would sit huddled and motionless in the darkest corner of a room. The only sensation left to her, which somehow proved her not to be totally lost, was that obtained from the two parts of the upper surface of her curled-over tongue being in contiguity with each other. But, instead of the revelation of this profoundly autistic practice prognosticating a bad outcome, it came retrospectively to be recognized as having presaged the reverse. In fact, it turned out to be the last and most difficult of all the many confessions she had painfully brought herself to verbalize. Having done so, she was soon to disclose that, whereas I had always heard of the dreary view from her sitting-room window, there was yet another window, never previously mentioned, on the opposite wall. It looked out on a beautiful and secluded garden to which she had a privileged entry she had rarely used. This opposite kind of favourable confession, expressed, be it noted, in terms of opposite actions and of symbolic reversal (via the equation of the tongue with her whole body or person), of her secret lingual addiction, introduced the recovery which was, thereafter, in sight. The significance of her tongue to her was that it enabled her to give herself tactile proof of not being wholly deserted, in that there was still one faithful and responsive companion whom she could summon at will. And this, one would like to submit, is for the infant the primal role of the lively, questing tongue.

Whereas the lips and cheeks suck the milk into the mouth, it is the tongue which directs it along, in unison with palatal movements, in such a way as to prevent internal drowning through liquid entering the trachea. So the tongue starts, in current terminology, as the centre of ‘ innate releasing mechanisms ’, soon to function at the behest of both the highest and the most primitive of the nervous centres. We must remember that the tongue has the richest direct supply of cranial nerves, and is the single operator of more varied skills than is any other muscular organ or part of the body. Thus it is that, as our major ‘ scanner ’ in all senses of the word, it discriminates by being our most exquisitely accurate and actively engaged proprio- and exteroceptor. Furthermore, as well as being the mediator of taste, it is an organ of speech. I am personally indebted to Lord Adrian for having directed my attention to the important quality of precision which characterizes the information provided by the tongue, in that its assessments are *non-visual.* Apart from taste, it makes these largely by way of changing its shape and position, in order to initiate counter pressures against those other parts which comprise the oral cavity. Furthermore, we seem to be more aware of tactile sensations evoked as if from the parts touched, than of the tongue which is actively touching (and, in consequence, being touched). This, no doubt, is one reason for the lack of conscious attention given to the tongue. These tactile sensations would provide certain of the physiological substrates which help to account for the ‘ over-looking ’ of the tongue as a directive mediator of cathexis. Through its explorations and sensations, it establishes the outside of the self as well as the attractiveness of external objects, contrasting them with the familiar inside boundaries of the ‘ primal cavity ’ (9).

Reverting to the tongue's relationship to the baby: the tongue moves with accuracy and versatility of appraisal long before any other part of the baby can purposively do so. It is the young infant's most controllable ‘ examiner ’. Thus, in licking the face in and around its lip area, and repeatedly experiencing the cooling track of evaporating saliva which follows the tongue's movements, the baby begins to learn that it has an outside as well as an inside surface to explore. Furthermore, in children of normal physical development, i.e. with no abnormalities of tongue or brain, the tongue always returns to its fixed, midline, base. If we watch young children attempting a troublesome balancing or integrative task, including learning to write, we can often observe the tongue protruded to serve like the offsetting combination of the rudder and



Sensory and motor homunculus. This was prepared as a visualization of the order and comparative size of the parts of the body as they appear from above down upon the Rolandic cortex. There are certain unavoidable inaccuracies in the drawing.

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the centre board of a boat, i.e. as the body's centring point. The vital significance of the tongue to so many of the other members of the animal kingdom is perfectly obvious. So, too, is the known fact that the area of representation of the tongue in the human cerebral cortex is comparatively enormous in relation to that of the rest of the body (see diagrams).

Other reasons why we have scotomized the tongue and its primal importance are probably to be found in the adoption of the erect posture, culminating in the late acquisition of the tongue's apparent major role, i.e. its imitative harnessing to the requirements of speech. Perhaps the foregoing remarks will help to explain to some extent why the usual tongue activities of the baby seem to be rather unimportant to the adult. But it also seems that lingual activities are especially prone, even on a cultural basis, to become secondarily libidinized through their symbolic displacement downwards to the genitalia, so that a further impetus is given to the metapsychological neglect of the tongue.

In the first paper cited (1), the likelihood of the operation, in some pathological instances, of an archaic lingualization of the whole body was proposed instead of the more familiar assumption of its symbolic phallicization. Consideration of the possibility of the operation of this lingual equation with other parts of, or the whole of, the body might not only avert errors of therapeutic handling (including that of the castration complex), but also help to explain, for example, why some little girls seem to fail to recognize the novelty of there being a penis on another young child. As Piaget (6) shows, children have much less of a sense of patterned continuity, whether of the self or of others, than we might suppose. They almost all, however, have a lively tongue which they constantly protrude, especially if they have access to a mirror or when they recognize its counterpart in others. Indeed, Zazzo (13) reports that babies from about 15 days old will stick out their tongues in reciprocal response to an adult who is exhibiting his. What I here introduce is the suggestion that some little girls, at certain stages of perceptual awareness, vaguely apprehend the penis as a tongue which, just as in the blindfold game of the donkey's tail, would seem capable of being peripatetic.

There is not time to do more than refer briefly to lingual activities in autistic or profoundly disturbed children. Clinically, however, these do in some cases[4] exemplify an inverse correlation between so-called ' tongue-play ' and the child's response to external objects, through the acquisition of spoken words. One such child began to explore the surfaces of things by first placing its fingers on its tongue and from thence on to the thing; i.e. its fingers became the licking extension of its tongue as the primal vehicle of relatedness.

Another profitable field for enquiry is provided by those aberrations which used, correctly, to be described as ' impediments of speech ', produced as they are by malpositioning of the tongue. Lisping, not caused by nor producing a faulty bite, nor by loss of teeth, is the most obvious of these. The tongue is protruded between the top and bottom teeth, instead of being positioned to the back of the teeth and gums, or to the hard palate, as the correct pronunciation requires. Multiplicity of such ' impediments ' due to malpositioning of the tongue, which usually become stereotyped, can produce a seemingly unknown language. Any degree of the foregoing may, of course, be fragmented or obscured by stuttering, as well as by a ' contrariwise ' or spasmodic breathing action. While the symbolic meanings of stuttering and of aberrations of glottal control may differ one from another, yet identically complicate or be associated with lingual ' impediments ' of speech, it is with these ' contrary ' or oppositional tongue movements that we are here concerned. Quite often it is stated that a severe stammerer may seek to ' break the deadlock ' by evolving accompanying tics and contortions of other parts of the body. In my experience, these should be regarded as displacements and extensions of the tongue's actions within the mouth. I suggest that certain kinds of speech defect associated with volitional malpositioning of the tongue are to be recognized as a type of focal or initiatory *lingual tic*, an expressive one in all senses. Thereby the tongue is pathologically re-cathected as the vehicle for the expression of aggressivized conflict.

A speech expert (10) states that the application of a local anaesthetic to the tongue serves temporarily to lessen impediments of speech. This, if so, supports my view that certain speech defects caused by lingual malpositioning are the unconscious volitional and tic-like expression of ambivalence, of which the motor route is blocked when the tongue is deprived of its tactile

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[4] From a personal communication by Miss Georgette Clark, the Head Teacher in charge of a residential school for severely disturbed children.

(but not its cerebral) whereabouts. Although there is not time to enlarge, by citing clinical material, on the tentative rationale of ' ambivalence ' of volitional tongue directedness, the need should be stressed for making a clinical and therapeutic distinction between such ' impediments ' and the conscious utilization of the tongue for erotic or perverse purposes. While the former (' impediments ') are likely to be regressively related to the pregenital activities described here, conscious lingual utilizations, with certain regressive exceptions, one of which has been mentioned in the case of the depressed woman, would seem to carry a quality of secondary libidinization rather than of preconceptual auto-erotism. In so far as the tongue is consciously utilized for libidinal purposes, it serves for the imitation of an action or of a function of another part of the body, such as the penis. It is, perhaps, within the context of these distinctions that it should be recalled how much more frequent are speech defects in males than in females, except among blind children. In the blind, i.e. in those for whom symbolic phallicization of the tongue is visually non-existent, the ratios tend to equalize (11).

It is to be assumed that the pre-genital, non-visual, self-comforting mechanisms of the tongue are at the intra-oral service of all small infants. Most of these, however, seem destined by their normality of response to prefer to grasp and savour, and thus include the outside, whether it be the missing nipple or their own thumb, at their lips, by which they restore their circle of balanced quiescence. This more usual type of responsive activity, whereby the tongue acts as the sensory bridge, reaching out from inside the self to experience of external objects, suggests the likelihood of its physical role being that of mediator in the maturational progression from primary to secondary narcissism. Dawning awareness of the recurring source of intrusions into the mouth, preferably desirable and ' harnessed ' by the tongue, would provide an important prototype for object cathexis. By contrast, the pre-conceptual, archaic, lingual activities here discussed would facilitate temporary (normal) or prolonged (pathological) possibilities of obviating the need to seek for anything which is not immediately available. While these localized activities are in satisfying operation, there is need neither for the questing functions of an external snout, nor for the subjects' responsiveness to other tactile, visual, or auditory stimuli. As we know, the infantile history of many an adult schizophrenic is that of a baby who was inertly peaceable, and difficult or slow in feeding. Possibly some of the present clinical data and hypotheses in regard to the normal activities of the tongue, as a guide and vehicle for object cathexis, in contrast to the autistic lingual addictions here described, may indicate a somatic prototype of pathological ego development.

A little should be said about the visual linkages to the tongue's activities. According to Stinchfield (11) defects of speech are, on the whole, very much commoner among blind than among sighted children, because they are unable to see the tongue movements they need to copy. As illustrative evidence, she cites the methods used by a London schoolmistress to teach speech to deaf children of *low* intelligence, demonstrating vowels to them by visibly setting her mouth and tongue in the appropriate positions. The children, having imitated her actions, were then allowed to emit sound, from which the intended vowel followed. Here I will mention the case of a little girl who suffers from a special organic type of spatial disorientation consequent on an early encephalitis. Elsewhere her peculiar behaviour, which included insistence on putting anything she could, such as live insects, into her mouth, had been thought to be psychogenic. Her lack of comprehension of spatial ' gestalts ' rendered learning of the alphabet quite beyond her powers until Mrs Elizabeth Shepheard, her therapist, persuaded her, at my suggestion, to ' lick around ' the shapes of the solid wooden letters used in Anna Freud's Clinic by blind children. Although the little girl disliked the procedure, she began from then on to recognize and to draw, rather than write, the alphabet. The reasoning behind this deliberate exercise of lingual proprioception, which may possibly prove to be of service in the teaching of the blind, is embodied in this paper.

The Isakower phenomenon (4) is one which is usually experienced in the act of falling asleep. It is often associated by its subjects to their childhood, and particularly to their recollections of febrile states. When we carefully consider the terms in which it is described, characterized as these are by external formlessness and lack of definition, yet usually related to the mouth (sometimes to the accompaniment of a kind of humming or babbling, as if of continuous speech), they would seem to summarize the tactile-auditory consequences of partial tongue swallowing. Such a condition probably comes about during the relinquishment of consciousness through the onset of sleep. The X-ray pictures of my two cases of ' tongue-swallowing ' might well explain the source of the auditory stimuli, as well as the sense of giddiness described. Owing to the tongue's pressure on the soft palate and surrounding parts, and to the effects of counter-pressure from the pillow on the apparatus of the ear, the pulsations of the contiguous blood vessels may be heard internally. Probably the subjects here in question then fell asleep or else awoke more fully, the tongue pressure ceasing in either event. The tactile sensations they described, while in a drowsy state, by terms such as ' crumpled ', ' light and bodiless ' (and all-pervading), ' sandy or dry ' (both on the whole body and in the mouth), or as ' yielding ' or ' doughy ', or a ' triangular mass ', etc., suggest the peregrinations of the dry tongue over the palate. As previously stated, the tongue provides the conjunction point, as well as a bridge, between the outside and inside surfaces of the self. Hence, the continuance of its activities during a complete bodily state of prone inertia may accentuate, in the way already described, such tactile dissociations as are listed by Isakower in regard to certain of his patients during the physiological process of retreat from the ego boundaries with the onset of sleep.

Nowadays, although a little less is heard of the dire consequences to feeding or speech capacities of so-called ' tongue-tie ' in the baby, there are many mothers who do worry and who may plead for surgical interference. Could it be that their alleged reasons for alarm, other than in rare and exceptional cases (2), are rationalizations of their intuitive awareness that a baby whose tongue is never seen to be actively roving is one who is ' lacking ' in its potential for primal exchanges of mutuality?

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SYMPOSIUM ON 'PSYCHO-ANALYSIS AND ETHOLOGY'

I. INTRODUCTION[1]

By

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About a year ago when our programme committee asked for suggestions for the scientific programme at this meeting it occurred to me that this might be a good opportunity for analysts to get together to discuss the subject of the relationship of ethology to psycho-analysis. In suggesting that the symposium be set up I did so with the idea that one of its principal aims would be to consider questions and areas of ignorance rather than in the expectation that anyone would be able to present material that would furnish definitive answers.

Some of our colleagues have done work and have information which is significant; in other words, something along this line has already been accomplished. But I believe that we can agree that at the present time there are many more questions than answers in this area. On this panel we are getting together to exchange ideas, ask questions, and consider the possibilities of further work in the field of animal behaviour as it relates to psycho-analysis and the understanding of human behaviour.

I am going to discuss some of the areas of contact between ethology and psycho-analysis. Then I shall comment on the ethological theories of instinct. After that I shall report some of the ideas which have been expressed by ethologists on how ethological concepts might be applied to the study of human behaviour. Finally, I shall give several examples to show how ethological findings have been cited by psycho-analysts to aid in the understanding of human problems.

There have been an increasing number of references to ethology in the psycho-analytic literature in recent years. In many instances these have been concerned with problems of instinct or instinctual behaviour. This is hardly surprising since from Freud onwards (3, 4), analysts have looked upon certain aspects of problems involving instincts as being primarily biological rather than psychological. In addition to questions regarding instincts, there are other areas of concern to the ethologist in which the psycho-analyst is interested.

Ethology and psycho-analysis have another thing in common; each is a relatively young discipline. It is certainly true that man has been interested in the behaviour of animals for a long while past. We have records of this interest reaching back into antiquity. Gradually the work of the naturalist appeared and grew to a tremendous volume. In many instances this work was pursued simply for pleasure or recreation. Nevertheless, much accurate and valuable information was obtained regarding the behaviour of many members of the animal kingdom.

As in the case of other sciences, the first work was descriptive: observation and classification. The name ethology was specifically applied only about thirty years ago. For the most part the early work in the field of ethology was done in Europe; only later and recently did it spread to England, the United States, and other parts of the world.

It is interesting to note, however, that early descriptions of the phenomenon of imprinting were made in England (15) and in the United States (19) during the nineteenth century. I mention this because of the great interest that has been shown by people generally, including many psycho-analysts, in imprinting.

Closely related in time to the development of interest in ethology by psycho-analysts was the development of interest in the direct observation and study of human behaviour, particularly of infants and children. And these two pursuits—the study of animal behaviour and the direct observation of infants and children—have a great deal in common.

At this point I want to mention another

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] Professor of Psychiatry, University of California Medical Center.

impression concerning similarities between psycho-analysis and ethology. It has to do with the way in which the ethologist goes about his work. He approaches his task with a wide field of vision; he attempts to get a picture of the whole range of behaviour of the animal (or species) he is studying. Over a period of time he becomes aware of smaller elements; he sees relations, sequences, and connexions, and then asks questions and formulates hypotheses. It seems to me that this is markedly similar to the way in which an analyst works. It may be that the absence of apparatus, a factor common to both, is a yet more striking similarity. Eminent workers in the field of zoology assure me that the recent upsurge of interest in ethology is due in large part—at least in the United States—to the fact that only recently has the work of the ' naturalist ' been accepted as being ' scientific '. This, too, sounds familiar to the psycho-analyst.

Of special interest to psycho-analysts is the work which the ethologists have done on instinct. In addition to supplying information of a biological nature concerning instinct the ethologists have worked out theoretical concepts which in many instances are strikingly parallel to psycho-analytic ideas.

In a review of the work of ethologists on instinct and instinctive behaviour we encounter a large number of names. It is impossible to mention all who have contributed, but a brief list includes Konrad Lorenz of the Max Planck Institute in Bavaria; Tinbergen at Oxford; Thorpe and Hinde at Cambridge; and Kortlandt in Holland.

The work of Konrad Lorenz (8, 9, 10, 11) in the 1930s is usually cited as the start of ethology as it is now known. There is some discussion as to the definition of ethology, but I think that if it is defined as ' the scientific study of animal behaviour ', that covers it pretty well. It has been defined as ' the study of instinctual behaviour ', but this definition, while it indicates a principal interest, is too narrow. For example, from the beginning Lorenz, following Whitman and Heinroth, has emphasized the importance of behaviour in addition to morphology as a basis for the taxonomic classification of animals.

A summary of the ethological theories of instinct at the present time is difficult. No single formulation has been advanced which is accepted by all workers. In Lorenz's original definition of instinct he pointed out that instinctual behaviour meant behaviour of an inherited, specific, stereotyped pattern. A central idea was that of a stored ' reaction-specific energy ', and Lorenz postulated a psychohydraulic model. This notion has been criticized by workers in ethology and in other fields.

Tinbergen (17) published his book, *A Study of Instinct*, in 1951, and in that work continued the discussion. His formulations differed from Lorenz's at that time, and since then he has changed them still more. He is at present engaged in rewriting his book.

The work of Thorpe (16) represents a still later statement on the subject of instinct. He coined the term ' specific action potential ' as a substitute for Lorenz's ' reaction-specific energy '.

Hinde (6), in a paper written in 1954, reported the finding that a ' constant stimulus presented at intervals to an animal does not evoke a constant response: it is therefore necessary to postulate changes in the animal's internal state.' He points out that it is the nature of these changes which constitutes one of the central problems in the study of animal behaviour. While he says that the theories of Lorenz and Tinbergen have facilitated progress in this field, he feels that those theories should be re-evaluated.

He then proceeds to examine in detail the ideas of Lorenz and Tinbergen. It is his opinion that the changes in responsiveness are due to changes in the nervous mechanism underlying the response. He thinks that Lorenz's idea of ' reaction-specific energy ' and Tinbergen's ' flowing ' ' motivational impulses ' do not adequately describe the changes in responsiveness. Hinde feels that the lessening of responsiveness is probably related to changes in the perception of the stimulus rather than to the performance of an activity. He is also of the opinion that these changes in responsiveness are best understood by using the concept, advanced by Thorpe, of ' specific action potential '.

In his book *Learning and Instinct in Animals*, Thorpe (16) discusses the theory of instinct and drive. Thereafter he provides a detailed discussion of learning theory. If I understand him correctly, one of his main points is to show how instinct and learning are related and to demonstrate that through the development of perception and other functions the animal adapts to the environment. To an analyst this theoretical statement is entirely familiar. It immediately suggests the simplest expression of the Freudian model of instinctual drive and the development of the ego—' the organ of adaptation ' (Hartmann) (5).

Before leaving the subject of instinct as developed by the ethologists I want to refer to the work of A. Kortlandt (7). In a paper, 'Aspects and Prospects of the Concept of Instinct', with the sub-title 'Vicissitudes of the Hierarchy Theory', published in 1955, Kortlandt says that most of the ethologists '. . . seem to be unaware of the progress that has already been made by many predecessors in this field. . . .' He then points out that Freud (2) in *Three Essays on Sexuality* '. . . presented a detailed account of his views with regard to the organization of the subordinate or partial instincts under the supremacy of the genital instinct and with regard to the ontogenetical development of this hierarchical system.' Kortlandt emphasizes that Freud studied ontogenetical development as well as adult organization of driving forces. He reviews Freud's ideas of the maturation and functioning of the partial instincts, their integration into larger units to form developmental stages which correspond with hierarchical levels in the driving system of sexual behaviour. He continues to consider Freud's formulations in more detail, and says: 'A student of animal behaviour who ignores all this will find himself in a similar position to an atomic scientist who ignores Einstein's theory of relativity: in such a case one's basic theoretical knowledge is fifty years behind the times.'

Kortlandt then reviews the work of earlier writers in the field of animal behaviour: Lloyd Morgan, McDougall, and others, to show that they also thought in terms of hierarchy of instinct. He continues with an interesting but complicated discussion of the subject of hierarchy which I shall not attempt to describe here. I would like to say only that he favours a 'hierarchy of goals' which, he says, is different from Tinbergen's idea of hierarchy—a hierarchy of I.R.M's (internal releasing mechanisms).

The study of man by the use of ethological methods has had some consideration by workers in several fields. Fletcher's (1) book includes a brief chapter in which he summarizes the ideas of Tinbergen and Lorenz in this area. He mentions the work of Spitz and Wolfe on the smiling response in children, and reports on the work of Brun in neurophysiology.

Kortlandt has also discussed the use of ethological methods and concepts in the study of man. There seems to be general agreement that this is a field in which a start only has been made, but which has great possibilities for development. Many writers have urged caution in attempting to apply ethological methods to the study of human behaviour, and I emphatically agree. It is possible to see similarities between animal and human behaviour, but it is important to differentiate carefully between analogy and homology.

In this connexion I want to mention three papers in which attempts have been made to correlate ethological findings with those of psycho-analysis. I will not now go into critical detail regarding any of these, but I will simply indicate their main lines of thought.

Edith Weigert (18) in a paper entitled 'Human Ego Functions in the Light of Animal Behaviour' points out that the relative plasticity of appetitive behaviour (as compared with consummatory behaviour) reaches its height in the adult human ego. It is only in the human infant before the ego has developed significantly that there may be anything in the way of direct comparison. She feels that with the development of the ego the tools of consciousness, symbolization, and verbalization allow for a freedom of exploration and for the expression of appetitive behaviour that has no counterpart in animals. She discusses the child's experience in the oedipal conflict, comparing ethological and psychoanalytic concepts in both the successful and unsuccessful outcomes.

A second illustration of the attempt to understand human behaviour by the use of ethological findings is Esther Menaker's (13) paper: 'A Note on Some Biologic Parallels Between Certain Innate Animal Behavior and Moral Masochism.' She puts forward the idea that we frequently lose sight of the '. . . evolutionary continuum of living things, not only in their organic development but in their psychological development.' She expresses her idea of moral masochism as a mechanism with a high degree of biological survival value. She looks upon moral masochism '. . . as an attempt on the part of the ego to retain a devaluated picture of itself in order to hold on to an idealized image of a love-object which is necessary for its survival.' She then turns to Lorenz's (12) work, in which she believes she has '. . . found a possible behavioural counterpart to the human masochistic pattern, in which the physical survival of the animal was assured through an endogenous response.' The work she refers to is Lorenz's description of the behaviour of a timber wolf which, when in a position of certain defeat in a fight with another timber wolf, bares his throat to be attacked. This position of submission by the victim inhibits the victor so that he '. . . is unable to consummate the act of aggression—is unable to bite his victim.'

Lorenz has described a similar situation in the turkey where that animal, when beaten in a fight, performs '. . . a specific submissive gesture which serves to forestall the attack.' In this case the beaten animal exposes the base of his skull, the most vulnerable part, to the victor. Menaker discusses the possibility of something of this nature occurring in the early mother-infant relationship. Her paper is an extremely interesting one, and this brief, over-simplified summary certainly does not do it justice.

A final paper I want to cite is that of Max Schur (14), 'The Ego and the Id in Anxiety', one which may prove of particular importance to psycho-analysis. This is because Schur appears to have found ethological material which promises to give us a better understanding of the biological roots of anxiety. In this paper Schur continues his previous work on anxiety. In pursuing the genetic point of view he considers that the concepts of danger and the response to danger lead to an area where psychology is closest to biology. Further, '. . . In establishing hierarchies of danger situations and of the responses to them . . .' it is necessary to include phylogenetic considerations. '. . . The reaction to danger and what constitutes danger is to a variable . . . extent determined by innate givens, which have been designated as instincts.' Schur then refers to the ethologists and considers their ideas on instinct. He quotes Lorenz regarding the 'interlocking' of learned and instinctual responses; Lorenz suggests that in ontogenetic development conditioned actions are inserted in an innate (instinctual) chain so that in the higher vertebrates . .' the function of genetically determined behaviour is taken over by the plastic purposive action'.

Schur next turns to Freud's definition of 'instinctual drive' as given in 'Instincts and Their Vicissitudes' to indicate that the ethological work on instinctual and learned responses '. . . might facilitate the difficult task of correlating ethological and psycho-analytic, specifically structural concepts'. He quotes Hartmann to the effect that in man plastic, adaptive, learned behaviour has largely replaced instinctive behaviour. Also, instincts cannot be equated with instinctual drives '. . . nor is the Id a simple extension of the instincts of lower animals'.

Schur feels that the instinctual drives and '. . . such inborn ego apparatuses which are analogous to the I.R.M. may be compared and correlated with the instinctual behaviour of animals'. He also feels that instinctual drives in man can be genetically traced to those aspects of instinct that have not been replaced by learning. He considers it probable that the execution of drives and wishes by ego apparatuses is analogous to the appetitive behaviour and consummatory acts of animals.

The foregoing is related to the problem of anxiety, according to Schur, in that anxiety has a phylogenetic history. I shall not attempt to summarize the remainder of Schur's paper except to say that he shows that the reaction of the ego to danger is a mixture of responses to the instinctual and learned elements.

In the brief summaries of these papers we have seen how attempts have been made to clarify problems in psycho-analysis by the use of information from the field of ethology. In each instance, it seems to me, the ethological material supplies, or promises to supply, that information of a biological nature which Freud referred to on many occasions, particularly with reference to problems involving instinct.

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SYMPOSIUM ON 'PSYCHO-ANALYSIS AND ETHOLOGY'

II. ETHOLOGY AND THE DEVELOPMENT OF OBJECT RELATIONS[1]

By

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It is now eight years since my interest was first aroused in ethology. At that time, having reviewed the evidence that experiences of deprivation of maternal care and separation from the mother figure can sometimes have very adverse effects on personality development, I was searching for ways of understanding better the processes likely to be at work. It was Lorenz's work on the following responses of goslings which first caught my imagination, as it has that of so many others. From this time forward the further I read and the more ethologists I met the more I felt a kinship with them. Here were first-rate scientists studying the family life of lower species who were not only making observations that were at least analogous to those made of human family life but whose interests, like those of analysts, lay in the field of instinctive behaviour, conflict, and the many surprising and sometimes pathological outcomes of conflict. May it not be, I thought, that in this recent biological work lay some of the ideas on instinct which Freud had always hoped biology would one day provide for psycho-analysis?

Since then I have explored the matter more fully and have had to acclimatize myself to several sharp changes in ethological theory. In another paper of this symposium Kaufman has described some of these. The one to which I found it most difficult to accustom myself was the abandonment of Lorenz's hydrodynamic theory, whereby an instinctual response was conceived as becoming active when a sufficient quantity of reaction-specific energy had accumulated, and its replacement by the concept of a response system which is activated by one complex mechanism that takes account of both internal and external stimuli and is switched off by another and similar mechanism. Lorenz's original theory of reservoirs of energy was so like Freud's that it had all the attractions of familiarity. The new theory of switch-off, to which my friend Robert Hinde introduced me, had all the painfulness of a strange idea. For a time I felt disoriented. Yet it is really one with which we are all very familiar. Babies stop crying when they are picked up; the bolting horse stops when he reaches his stable. In each case an activity which may be at high intensity ceases in the presence of an external stimulus situation, just as a game of football ceases when the referee blows his whistle or the motor car reaches standstill in the presence of a red light.

A main reason I value ethology is that it gives us a wide range of new concepts to try out in our theorizing. Many of them are concerned with the formation of intimate social bonds—such as those tying offspring to parents, parents to offspring, and members of the two sexes (and sometimes of the same sex) to each other. Others are concerned with conflict behaviour and 'displacement activity'; others again with the development of pathological fixations, in the form either of maladaptive behaviour patterns or of unsuitable objects to which behaviour is directed. Let me emphasize that man has no monopoly either of conflict or of behaviour pathology. A canary which first starts building her nest when insufficient building material is available will not only develop pathological nest-building behaviour but will persist in such behaviour even when, later, suitable material can be had. A goose can court a dog-kennel and mourn when it is overturned. Ethological data and concepts are therefore concerned with phenomena at least comparable to those we as analysts try to understand in man.

I wish to emphasize, however, that until the concepts of ethology have been tried out in our own field we shall be in no position to determine how useful they will prove. Every ethologist knows that, however valuable a knowledge of related species may be in suggesting what to look for in a new species under investigation, it is never permissible to extrapolate from one species to another. Man is neither a monkey nor a white rat, let alone a canary or a cichlid fish. Man is a species in his own right with certain unusual characteristics. It may be therefore that none of the ideas stemming from studies of lower species is relevant. Yet this seems improbable. In the fields of infant feeding, of reproduction, and of excretion we share anatomical and physiological features with lower species, and it would be odd were we to share none of the behavioural features which go with them. Furthermore, it is in early childhood, especially the preverbal period, that we might expect to find these features in least modified form. May it not be that some at least of the neurotic tendencies and personality deviations which we know stem from the early years are to be understood as due to disturbance in the development of these bio-psychological processes?

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[1] Read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

In a series of papers on which I am at present engaged (1, 2) I am attempting to use ideas derived from ethology to help in understanding the ontogeny of object relations and the responses of anxiety, depression, and defence which follow separation of young child from mother-figure. There are several ideas that seem to me especially useful. One is the knowledge that in many species there are instinctual response systems present in the young which lead them to attach themselves closely to a mother-figure *without the mother herself taking any action to encourage the attachment*. Goslings will follow a cardboard box, a very young bison whose mother is killed will follow the horses of the predatory huntsmen, a young lamb will follow a man who wanders through the flock, a newborn monkey will cling to a dummy provided it is soft and comfortable. The provision of food and warmth are quite unnecessary. These young creatures follow for the sake of following and cling for the sake of clinging.[2]

That instinctual response systems leading to this behaviour should exist is readily understood in terms of evolution theory (which you may recall Freud bade us study). Young who become isolated die: only those who remain in close contact with adults survive to breed. Thus natural selection leads to the fixation in the genetic make-up of a species of response systems ensuring attachment just as surely as it does of response systems ensuring nutrition.

Such a point of view enables us to advance a hypothesis regarding the nature of the human child's tie to his mother which is different from that commonly held by psycho-analysts. The common view is that the tie is secondary and derived from the mother's providing satisfaction of what are thought to be more primary needs, e.g. those for food and warmth. This, together with the existence in psychopathology of many symptoms of a frankly oral kind, has led to great emphasis being placed in psycho-analytic theory on food and orality and to a tendency to see the child's relation to his mother as being initially one of cupboard love. The alternative (already suggested by Hermann in 1936 (10) but neglected) sees the attachment as existing in its own right as one half of a reciprocal social relationship which runs a course that overlaps but is otherwise independent of the period during which the child's mother feeds him. It advances the view that the human infant, like those of lower species, is endowed not only with a sucking response but with a number of other instinctual response systems, such as clinging and following, which lead him to attach himself with vigour at first to any mother-figure and later to a particular mother-figure and to remain so attached for a long time. Whereas in birds the making of the attachment may be a matter of days and its course be confined to weeks, in the case of the human, with his very long life-span, its making takes months and its course runs over years.

Let us list a few observations which seem to be accounted for as well or better by this hypothesis than by the traditional one:

(*a*) The human infant is born with a capacity for clinging which enables him to support his own weight. Freud observed this and referred to it as a ' grasping-instinct ' (5).

(*b*) Babies enjoy human company. Even in the first days of life babies are quietened by social interaction such as being picked up, talked to, or caressed, and after a few weeks they seem to enjoy being able to see people moving about.

(*c*) The responses both of babbling and smiling in infants are increased in intensity when they are responded to by an adult in a purely social way, namely by giving the baby a little attention (3, 13). Neither food nor other bodily care is required, although their provision may well assist.

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[2] In 1957 Professor Harlow of the University of Winconsin began a series of experiments on the attachment behaviour of young rhesus monkeys. Removed from their mothers at birth, they are provided with the choice of two varieties of model to which to cling and from which to take food (from a feeding bottle). Results demonstrate that the preferred model is the one which is more ' comfy ' to cling to rather than the one which provides food (9).

(*d*) A strong attachment to a differentiated object (i.e. mother-figure) develops between about three and six months and is present throughout the second and most of the third years: probably in most infants it does not begin to wane until shortly before the third birthday. During this period of life the infant responds to separation with anxiety and strong protest and, if it continues, with misery, apathy, and, later, emotional detachment.

(*e*) Infants become strongly attached not only to mothers who seem to neglect them but also to other infants. A good illustration of this is the behaviour recorded by Anna Freud and Sophie Dann of a group of six children aged between 3 and 4 years whose only persisting company in life had been each other. The authors emphasize that ' the children's positive feelings were centred exclusively in their own group . . . they cared greatly for each other and not at all for anybody or anything else ' (4).

(*f*) In peoples like the Navaho, where for the bulk of their first two years most infants receive all the care and opportunity to satisfy their oral cravings that they want, melancholia and other personality disturbances develop none the less. The fact that weaning when it comes is often associated with the mother leaving the infant either for days or weeks may provide a clue to this seeming paradox (12).

Not only does a theory of the child's tie which conceives it as largely independent of the need for food enable us to see data such as these in a new and simpler light, but it also enables us to erect a simpler theory of separation anxiety than has been traditional. From the time of the *Three Essays* Freud was much preoccupied by the anxiety exhibited when the young child is alone or in the dark. Although at first he attributed it simply to dammed up libido, in 1926 he abandoned that view and erected his theory of signal anxiety. This states that, because in the absence of the mother the infant and young child is subject to the risk of a traumatic psychic experience (resulting from the accumulation of excessive amounts of stimulation arising from unsatisfied bodily needs), anxiety behaviour is exhibited as a safety device whenever she leaves him (7). In my view this is an unnecessarily complex theory. If we are right in believing that the instinctual response systems mediating attachment to a mother-figure are primary, any interference with their operation must be expected to lead to distress and anxiety just as surely as will frustration of other primary ' instincts '. This conclusion leads to the hypothesis that separation becomes experienced as a danger in its own right as immediate and alarming as starvation: in both cases instinctual stimulation of overwhelming degree is aroused and alarm signals sounded.

A further advantage of this hypothesis is that it readily permits a theory of mourning to be developed in which depression and separation anxiety can be seen as different stages of a single process. That anxiety is a reaction to the danger of losing the object and the pain of mourning to the retreat from the lost object is a formula first proposed by Freud (7), but not one which seems to have been systematically explored.

The point of view outlined, which sees other factors making for the origin and dynamic of object relations besides food and orality, has evident advantages both in accounting for many of the observed data and in simplifying and clarifying theory. Nevertheless there are difficulties that will at once be apparent. For instance, how do we account on this hypothesis for the high frequency of frankly oral symptoms in all kinds of neurotic and psychotic conditions? Hitherto there has been no such problem, since they have been regarded simply as regressions to an earlier normal phase when object relations are nothing but oral. There are three ways in which this problem can be approached. In the first place, although on the hypothesis advanced the main dynamic of early object relations is conceived as largely independent of food and orality, oral activity obviously enters in as a component of them; the theory of regression is therefore not wholly ruled out. In the second place, by means of a symbolic substitution oral symptoms seem sometimes to be expressing the dynamic of a whole object relationship; the part represents the whole. In the third place we may consider whether perhaps in some cases they belong to the class of what ethologists have hitherto termed 'displacement activities', namely an activity which is evoked when another is frustrated and which seems out of context. To avoid invoking unsatisfactory theoretical concepts regarding the processes giving rise to such activities it may be better that they be termed simply out-of-context activities. Whatever the nature of these processes may be, however (and as Hinde (11) has emphasized they are probably heterogeneous), there can be no doubt that in lower species they are of an infra-symbolic kind. This needs discussion.

In our work with human beings we have become so accustomed to seeing one activity taking the place of another by means of a symbolic equivalence between the two that it may be difficult for us to imagine that superficially similar substitutions may also occur at an infra-symbolic level. Let me give two examples. A child in disgrace will suck his thumb: a child separated from his mother will overeat. In such situations it is possible to think of the thumb and food as being symbolic of mother as a whole or at least of nipple and milk. An alternative is to regard such substitute activities as being produced by psychological processes operating at an infra-symbolic level, such for instance as underlie the nest-building behaviour of fighting gulls; in other words, to postulate that when the child's clinging and following response systems are frustrated sucking or overeating develop as non-symbolic out-of-context activities. It is noteworthy that something of this sort almost certainly occurs in sub-human primates. Both rhesus monkey and chimpanzee infants brought up without mothers to cling to develop a great excess of auto-erotic sucking. At Orange Park Nissen reports that, whilst thumb sucking is not seen in infant chimps reared with their mothers, after the first month it occurs in some 80 per cent of those reared in isolation. It is the same with rhesus monkeys. In Harlow's laboratory I have seen a full-grown rhesus female who habitually sucked her own breast and a male who sucked his penis. Both had been reared in isolation. In these cases what we should all describe as oral symptoms had developed as a result of depriving the infant of a relationship with a mother-figure and by means of processes which seem clearly infra-symbolic. May it not be the same for oral symptoms in human infants?

The observations of Anna Freud and Sophie Dann on the six children from a concentration camp are suggestive: ' Peter, Ruth, John, and Leah were all inveterate thumb-suckers '. This the authors ascribe to the fact that for all of them ' the object world had proved disappointing. . . . That the excess of sucking was in direct proportion to the instability of their object relationships,' they continue, ' was confirmed at the end of the year, when the children knew that they were due to leave Bulldogs Bank and when sucking in the daytime once more became very prevalent with all of them. This persistence of oral gratification . . . fluctuated according to the children's relationship with the environment. . . .' If this type of substitution can occur in human infants, may not a process occurring at an infra-symbolic level account also for some at least of oral symptoms appearing in older subjects when whole object relations become impossible (whether for internal or external reasons)?

Schur has raised an objection of another kind. Whilst conceding that we may have to consider the rôle in development of ' partial instincts ' other than the oral, he is disturbed at the possibility that we may be led into questioning concepts regarding the oral phase which are ' now taken for granted ' (14). Although some analysts appear to regard such questioning with misgiving, I doubt whether Freud would have done so. He was clear that psycho-analysis is an empirical science and that, provided the empirical data are understood and respected, theory is made only to be revised or replaced. 'A science erected on empirical interpretation . . .', he writes, ' will gladly content itself with nebulous, scarcely imaginable basic concepts which it hopes [either] to apprehend more clearly in the course of its development or . . . to replace by others. For these ideas are not the foundation of science, [which] is observation alone . . . but the top of the whole structure and they can be replaced and discarded without damaging it ' (6).

Whether or not hypotheses of the kind advanced prove well-based remains to be seen. My reason for advancing them is twofold. First, science always progresses fastest when there are competing hypotheses in the field. Those I have advanced are as well or better based biologically as the more traditional ones and in my view account for such data as we have, both the clinical and those of direct observation, just as well as if not better than they do. Secondly, they lend themselves readily to systematic testing by observation and experiment. In my view direct observation of mother-infant interaction and simple experiment have a great contribution to make to a better understanding of the beginnings of libidinal development and object relations; at the least they should be able to tell us whether or not we are right in thinking that concepts which have been found useful in understanding object relations in other species are useful also in the case of man.

There is perhaps a danger that, were I to end here, those who are critical of this approach would claim that I discard symbolism as of no consequence and regard human beings as no different from apes. Let me say, therefore, that I never cease to be amazed and bemused by the complexity of symptom and psychic structure exhibited by my human patients by the very fact that man is a symbol-using species. In the course of evolution, however, there is always a tendency for older processes to persist side by side with, or subordinate to, newer processes. In our not-so-distant phylogenetic past both mother-infant and reproductive behaviour were probably mediated entirely by infra-symbolic processes. Psycho-analysis as the study of such behaviour must therefore be on the look-out for such processes, which may perhaps be playing a larger part than we have hitherto suspected. Do not let us forget that in much of our work, as Freud reminded us, ' we are studying the psychological concomitants of biological processes ' (8). It seems likely, I submit, that the better we understand the biological processes the better we shall understand their psychological concomitants.

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SYMPOSIUM ON ‘PSYCHO-ANALYSIS AND ETHOLOGY’

III. SOME THEORETICAL IMPLICATIONS FROM ANIMAL BEHAVIOUR STUDIES FOR THE PSYCHO-ANALYTIC CONCEPTS OF INSTINCT, ENERGY, AND DRIVE[1]

By

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Having spent the past year as an ethologist, working in a group of ethologists, I would like to tell you about many interesting studies in this field of animal behaviour, and of the methodology being used, as well as about the trends and new directions which are evolving. However, since this is a meeting of psycho-analysts, not ethologists, I have decided to limit my remarks rather sharply to a few concepts which are central in both ethology and psycho-analysis. I refer to the related concepts of instinct, drive, and energy.

Psycho-analysis has traditionally considered itself a biological psychology or an instinct psychology. (This traditional view is not essentially altered by the subsequent development of ego psychology or by the extensive application of psycho-analytic theory to non-clinical fields.) It is not surprising, therefore, that psycho-analysts have shown an interest, increasing almost geometrically, in the field of ethology, as they have become aware of the work of Lorenz (15) and Tinbergen (25), Thorpe (23), and others. However, since biologists and physiological psychologists have been studying animal behaviour for years without exciting undue psycho-analytic interest, we may inquire what there is about ethology that attracts such attention. I believe that the interest stems principally from the central position of instincts in ethological theory, as well as certain other parallels to psycho-analytic theory. Bowlby pointed out these apparent parallels in 1953 (1): the importance of inner drives (instincts); the drive to make a love-relationship with a parental figure, and the influence of such early love objects in the selection of later objects; the persistence in adulthood of the early social responses of childhood; the critical periods of development of inner drives; and the discharge of a drive at times by displacement. It should be noted that drive and energy as well as instinct are central concepts in these remarks. I was equally impressed by the Lorenz-Tinbergen system of behaviour as it appeared in papers written between 1935 and 1950, and took a year off to work in ethology.

Lorenz first called attention to stereotyped, relatively rigid, species-specific actions, such as courtship, copulation, nest building, etc., which he considered to be instinctive behaviour patterns. In so doing he provided evidence that such actions seem to be under the influence of an internal drive. Finally, he produced a hypothesis to account for the internal drive, which Tinbergen then elaborated into a hierarchical scheme of organization.

The concept of instinct had always been associated with that of internal drive, usually with the idea that instincts were directed in some teleological way towards goals that were good for the species. Lorenz brought a new approach to the problem by directing attention not to the drive itself but rather to the inner physiological mechanisms underlying the specific behaviour patterns. He also emphasized the special sensory mechanisms to which the motor patterns were a response. In his view the drive is a consequence of, or an expression of, the activity of a specific co-ordinating mechanism.

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Lorenz's main argument is that in each case of instinctive behaviour there is a core of stereotyped automatic action, an inborn movement, which he called the ' fixed action pattern ' or FAP. These FAPS are behavioural units, quite comparable to morphological units, and equally useful for phylogenetic studies of evolutionary relationships. Since these ' fixed action patterns ' often appear at the end of a chain of behaviour, apparently as the consummation of that sequence, and thus seeming to release the tension previously energizing that behaviour, he called these ' consummatory acts '. His view was that the inborn internal co-ordination mechanism of the FAP produces a drive which activates the instinct and ends only when it finds relief in discharge of the act. Until the act occurs the animals manifest a searching, preparatory type of behaviour, which he called ' appetitive '. 'Appetitive behaviour ' is of a kind that is reasonably likely to bring the animal soon into the situation appropriate for the ' consummatory act ' to be performed. This is accomplished by finding the specific stimulus configuration, called the ' sign stimulus ', which releases the act. It was Lorenz's idea that the ' sign stimulus ' is the key which unlocks the ' fixed action pattern ', by fitting into the ' innate releasing mechanism ' or IRM, which until it is unlocked blocks the FAP. For example, a male stickleback in mating condition swims about his territory until he encounters a pregnant female. Her abdomen, swollen with eggs, is a ' sign stimulus ' which releases his zig-zag dance. When the ' fixed action pattern ' has finally been performed that behaviour pattern is completed. In some cases it may never be repeated, as in the cocoon spinning of moths and butterflies which occurs only once in the life cycle. In other cases, such as eating or mating, it may recur constantly throughout life, at intervals of minutes, hours, days, or years. The whole process of FAP, IRM, and ' sign stimulus ' is presumed to have evolved by the pressure of natural selection.

Lorenz thus postulated for each instinctive act a ' reaction-specific energy ' which acts as though it accumulates in a reservoir with a spring-valve at its base. This valve is released by the hydrostatic pressure in the reservoir and by the ' sign stimulus ', which he pictured as a weight on a scale pan pulling against the spring. His hypothesis was that each instinctive act, by virtue of the mechanism underlying it, set up a drive which pressed for release, and in so doing activated the variable ' appetitive behaviours ', the goal of which was to encounter the releasing stimulus so that the act could take place and its accumulated energy be thereby discharged. It should be noted that his concept of instinct is limited to a ' fixed action pattern ', such as swallowing or escaping from a predator, and is thus very different from an instinct in psychoanalytic theory; but each such instinct is inherited, and has an energy that must be discharged, which activates a drive.

Tinbergen, to account for more global patterns and sequences of behaviour, constructed a scheme of instinct as a hierarchical organization, accounting for all the related sequential activities, as in reproduction, of migration, territory procurement, mate selection, nest building, and copulation. In his scheme an instinct is made up of a number of functional levels. Incorporated in each level are one or more ' innate releasing mechanisms '. These are attuned to the biologically appropriate environmental ' sign stimulus ', such as the appearance of the proper mate. Only the right ' sign stimulus ' unlocks the behaviour in the levels below, allowing behaviour to proceed only in the biologically correct manner. The lower levels also have blocks and as long as they remain the ' reaction-specific energy ' will activate ' appetitive behaviour ', which is directive in that it ultimately finds the proper releaser. In his model Tinbergen spoke of ' motivational impulses ' accumulating in ' nervous centres ', ultimately leading to consummatory acts, whereby the energy was dissipated.

It should be clear how similar are Lorenz's and Tinbergen's models of behaviour to Freud's model of libidinal energy which arises from instincts, and drives behaviour, seeking discharge. Lorenz and Tinbergen made their hydrodynamic model quite explicit, as I indicated, in terms of a reservoir, spring-valve, etc., whereas Freud's hydrodynamic model was left more implicit. However, we may quote Colby (5). ' Psycho-analytic theory has conceived of instinctual energies entering the PA (psychic apparatus) and undergoing various vicissitudes. This view has unhappily led us to utilize a hydraulic metaphor picturing the PA as a series of pipes or passageways in and out of which energy flows like a fluid. With this metaphor the PA becomes only a kind of conduit system transporting energy from one place to another.' It needs to be noted that just as Freud's model explains most observable phenomena so did Lorenz's and Tinbergen's. Thus, Lorenz's model accounts for the fact that many instinctive acts are less easily evoked just after performance, which he pictured as due to an emptying of the reservoir. Also, the gradual increase in responsiveness with time since the last performance is thought to be due to the gradual filling of the reservoir. The release of an act at times by a usually inadequate stimulus, e.g. copulation with a different species, is considered to be due to accumulation of energy in the reservoir to a level where almost anything will release it. Finally, the performance of an act *in vacuo*, that is to say without any discernible stimulus, e.g. an escape reaction in a tame animal living in a safe environment, is pictured as due to the lack of performance of the act causing the accumulated, undischarged energy in the reservoir to reach so great a height that it forces open the valve. Tinbergen's scheme accounts for the orderliness of long temporal sequences of behaviour, such as the stickleback migrating, finding a territory, building a nest in it, finding a mate and leading her by the famous zig-zag dance to the nest where she lays her eggs, where he then fertilizes them, after which he fans the nest to maintain proper oxygen–carbon-dioxide balance for the eggs, etc. Accordingly, these two behavioural models, which explained many observed phenomena, provided a measure of dynamic structure for ethology, breathed life into it, and stimulated further studies.

However, one danger of any model is that its characteristics may be, and frequently are, confused with those of the original, the system it is supposed to represent. As Freud said, we must not confuse the scaffolding with the building. This may not only hinder further understanding but may actually be misleading. The following is an example. Ethologists who had become familiar with the behaviour repertoire of an animal noted that at times an animal performs an act which is out of context. Thus a male gull, in the middle of an aggressive encounter with another male gull at the edge of his territory, suddenly breaks off his aggressive posture, bends down, pulls up some grass and throws it to the side, a sequence typical of nest building. Immediately thereafter he usually resumes the aggressive behaviour. Another example involves a tern sitting on the nest, brooding. The mate arrives to take its turn sitting on the eggs, a procedure called nest relief. Often this situation leads to aggressive behaviour in the course of which the sitter or the reliever may be chased off. However, it is often noted that the sitting bird may suddenly preen itself, as after a bath. There is a large collection of such observations of seemingly irrelevant acts, usually occurring in a situation of conflicting motivation. The reason I bring this up now is to focus your attention on the way these observations were interpreted and named by ethologists. These out of context acts were referred to as ' sparking over ' acts (16), later renamed ' displacement activities ' (22). It was assumed that one instinctive act was made to occur by the energy of another act, a so-called ' allochthonous ' drive, instead of (as in the usual situation) by its own energy, the so-called ' autochthonous ' drive. This was presumed to happen as a result of the allochthonous drive being blocked from energizing its own act. It is quite clear that this interpretation of these phenomena, as well as the names given to them, were dictated by the conceptual model used, namely the hydraulic metaphor. It could have been any analogous energy system, such as electricity or gas. It happened to be water.

It may not be remarkable that ethologists were willing to accept such an unlikely situation as one behaviour being activated by the energy of another behaviour without there being any intrinsic motivational relationship between the two, but I do consider it most remarkable that psycho-analysts should have been so willing, considering that one of the most basic tenets of psycho-analysis is a belief in the motivational determination of behaviour. It is a curious fact that among most of the analysts who have attended to ethology and included its findings in papers on psycho-analysis the ethological concept of ' displacement activities ' has been seized upon and given decisive importance. It has been used by Schur (20) to explain vegetative phenomena in a theory of anxiety; by Ostow (18) to account for the succession of phases of libidinal development; and by Weigert (27) to explain precocious sexual activity, to explain the sexual excitation that Freud postulated resulted from stress and strain, mental effort, and so on, and finally to account for transference and even sublimation. In using the ethologist's concept of ' displacement activities ' it is interesting to note that the concept has sometimes been largely misunderstood and sometimes extended to mean much more than even its ethological definition. It is clear, however, that in all cases it was not the observational phenomenon, an act out of context, but its explanation in terms of the hydraulic metaphor and displaced energy that was adopted by the psycho-analytic authors.

I cannot now dwell too long on the further ramifications of the psycho-analytic use of the ethological concept of ' displacement activities ', about which I am writing a separate paper, but I must tell you of the pertinent later developments in ethology. It has by now been shown in a series of studies (17, 19, 21, 26) that these out of context acts are not profitably pictured as due to ' sparking over ' of foreign energy. They do in fact result from their own causal factors, which have been demonstrated to be present either within the organism, partly as a consequence of one or both of the conflicting tendencies, or in the environment, the state of conflict making more likely, or altering the threshold of, the so-called ' displacement ' response. In other words, these out of context acts, which do occur, may be explained in physiologically reasonable terms without invoking the concept of displacement of energy. It was the characteristics of the conceptual model that led to this misinterpretation, delaying proper understanding for years, and illustrating the dangers both of a hydrodynamic model and of confusing the properties of the model with those of the original.

In the meanwhile other evidence has accumulated which throws great doubt on the validity of the reservoir concept of behaviour, according to which discharge of energy in an act brings the behaviour to an end. It has become abundantly clear that most behaviour is brought to an end not by the performance of an act but by the presence of a certain stimulus situation. Thus escape behaviour ends when the predator has gone. The crying of a baby and the distress calls of a chick end when mother appears. Lest you think this is true only of disturbance behaviour let me point out that a bird stops building a nest when there *is* a nest and resumes building if it is taken away. A bird which normally lays a clutch of four eggs and then stops will go on laying eggs, even to a total of more than sixty, if the eggs are continually removed from the nest so that there are less than four present. Also, in birds that form pairs long before copulation, the courtship behaviour ends when the pair has been formed. A male songbird in mating condition sings much less when his mate is beside him. Even the acts of eating and drinking in all species studied are in large part turned off by sensory stimuli to the mouth, stomach, and hypothalamus. All of this of course is quite consistent with feed-back mechanisms as described by cybernetics. I would only emphasize now two aspects of this: (i) such observations cannot be explained by Lorenz's hydrodynamic model, or by any model in which the driving energy can only be dissipated by the performance of an act, or its equivalent. (It is pertinent to note here that feeding a cormorant by hand in a zoo will short-circuit all the usual appetitive behaviour of food procurement. By the same token a cormorant which has stolen a nest will not build one.) The importance and prevalence of terminating stimulus situations, or goals, casts serious doubt on any universal behaviour model based on a reflex apparatus in which a stimulus produces an excitation that must be discharged in a response. (ii) Much behaviour can be accurately described as stimulus-seeking.

Tinbergen's model attempted to approach neuro-physiological reality, but a scheme involving ' motivational impulses ' flowing down a hierarchical system of centres and conduits, and subsequently being discharged in action, is incompatible with the data, since among other things it does not comprehend feedbacks or terminating stimuli.

The defects of the Lorenz-Tinbergen models were already largely pointed out by the ethologist Hinde in 1956 (10), but seem to have escaped the attention of most interested analysts with the exception of Bowlby (2). If we accept the fact that these hydrodynamic models were useful only in the initial ordering of observational data from the field of animal behaviour, but now need to be discarded, what are we to conclude about the continued usefulness of Freud's hydrodynamic model of human behaviour? This question has of course already been effectively asked by psycho-analysts such as Kubie (13) and Colby, but everyone is reluctant to discard completely a theoretical model that has worked so well. Nor am I sure that it needs to be discarded at this time, providing that we are aware of its physiological improbability. Meanwhile we should be alert to alternative possibilities that would be physiologically reasonable and yet would remain wedded to our empirical observations and our psycho-analytic insights.

Now, if a hydrodynamic energy model of behaviour no longer suits observations from biology, what further implications does this have for the very concept of behavioural *energy*? It has almost always, by almost everyone, been considered necessary to have some concept of drive to account for behaviour. This has arisen from the obvious fact of the directiveness of behaviour, even in the lowest creatures.

It has therefore been assumed that behaviour is in some way pushed, or pulled. No matter how this has been conceptualized it has usually contained in it, as Hinde has pointed out (10), ' hidden existence postulates ', implying some form of energy with properties similar to Lorenz's ' reaction-specific energy '.

However defined or conceptualized, drive always refers to the cause of behaviour. Some learning theorists and psychologists speak of a general drive (9). Recent work on the reticular activating system indicates the importance for any behaviour of an ongoing diffuse activity in the central nervous system. However, to use this activity as the basis of a general drive concept seems to me to broaden the concept of drive in a way comparable to Pavlov's broadening of the term ' reflex ' to the point where it becomes equal to ' behaviour '. A general drive cannot help us to explain *by itself* any particular behaviour, and certainly it is in particular behaviours that we as psycho-analysts are interested.

Ethologists have used the concept of drive in at least three ways: (i) to refer to a central nervous system state, however caused; (ii) to refer to all internal causal factors; or (iii), as Thorpe has defined it, ' the complex of internal and external states and stimuli leading to a given behaviour '. But these all leave unanswered the question of how large a segment of behaviour is to be subsumed by one drive. Ethologists generally prefer to limit drive to the behaviour resulting from one, or one set of, causal factors such as a hormone or a specific stimulus situation. Thus, an injection of testosterone would be considered to cause sexual behaviour in a gander by setting up a sexual drive. Or the sight of a hawk would be considered to cause flight in a chicken by stimulating a fleeing drive. Some ethologists prefer to speak of tendencies rather than drives, by which they mean the tendency to behave in a given way. A fleeing tendency, for example, would mean that causal factors for fleeing are present. It should be noted that ethologists always distinguish between the causes and the functions of behaviour. If a male stickleback in his own territory is approached by another male, this causes him to assume a threatening posture, the function of which, usually served, is to scare off the other. If the intruder keeps coming, this causes the territory holder to attack, the function of which is to protect the territory. In this situation there are multiple causal factors. The threatening and attacking behaviour is caused not only by the perception of the intruder but also by the perception of its own territorial limits, and by its internal state as well, for this is a stickleback in mating condition. Thus, the outcome of behaviour is considered to be the consequence (sometimes the function) of the behaviour, whereas those factors that initiate the behaviour are considered to be the causes. Such an analysis, in both causal and functional terms, may therefore be used to explain directive behaviour, with the aid of feedback mechanisms which guide the behaviour to its end state or goal. It may be assumed that the pressure of natural selection has favoured the emergence of those behavioural sequences that lead to end states best suited to ensure the survival and reproduction of the individual. Thus the concept of *directive* behaviour and its exemplification no longer need trouble us.

The concept of purposive behaviour, however, requires that some aspect of the goal is a determining causal factor. Thorpe (24) has defined ' purpose ' as ' a striving after a future goal retained as some kind of image or idea '. Such a concept is generally avoided by ethologists, who do not deal with subjective phenomena and have little knowledge of psychogenic behaviour. Thus, although Tinbergen devised a hierarchical scheme for each instinct, he does not equate e.g. the reproductive *instinct* with a reproductive *drive* caused by a procreative goal which pushes the behaviour from beginning to end, from migration to copulation; instead his scheme contains a causal chain, each step having its own specific causal factors. In his concept drive is not purposive. It also is not unitary. Of course some ethologists speak of a nest-building drive, for example, or a maternal drive, but even in such limited behaviours the evidence does not favour a unitary cause. For example, in studies of nest building in canaries (11) and maternal behaviour in hamsters (19), the necessary and invariable component actions in each behaviour were examined over a period of time. At times the component actions varied together, suggesting a common cause, but at other times they varied independently, suggesting that the causal factors were not unitary.

From a functional point of view, it might seem only reasonable to believe or expect that there must be drives, arising from certain biological needs, to obtain food, or water, or air, and we may think e.g. of a purposive unitary feeding drive. In fact, this particular unitary drive concept, the feeding drive, is the prototype or model drive often used in many systems, including psycho-analysis, to conceptualize drive operation. Biological drives of this sort have usually been thought by psycho-analysts and others to be the sources of the energy of psychic drives. However, there are cogent reasons why in the area of such biological processes it is misleading and incompatible with the evidence to speak of unitary drives which both activate and direct large segments of behaviour. It must be made clear that the concept of a purposive unitary drive requires that the drive to reach the goal of the behaviour must arise from the goal, or more accurately from its absence, must steer the behaviour through its entire course, and must also cause it, no matter how we define the goal, and regardless of whether or not there is consciousness of the goal. Attempts have been made, as by Kubie (14), to devise schemes for purposive, unitary drives, in which a tissue need, pictured as a deviation from a homeostatic goal state, whether deprivation or accumulation, activates behaviour which in the end meets the tissue need, i.e. reaches the goal. Kubie's hypothesis is particularly brilliant, drawing as it does on many known facts of biochemistry and neurophysiology to explain these 'primary instinctual drives', which it should be noted he clearly distinguishes from psychic drives. He cites the work (of P. T. Young and) of Richter. They have shown that a variety of specific tissue deficiencies, as of sodium or calcium, may so influence behaviour as to lead to the procurement of these substances. However, it is clear that in each case separate mechanisms are at work, each with its own causal factors. It is heuristically fruitless to speak of sodium or calcium drives, and it is clearly inaccurate to speak of a unitary self-preservative or tissue maintenance drive. Kubie's hypothesis remains unproven, and there is evidence against it.

I must tell you of the analysis by Dethier (6) of the feeding activities of the blowfly. When an unfed fly encounters food, contact chemoreceptors on the tarsi are stimulated. As a result of this sensory input the proboscis is extended, which brings chemosensory hairs on the labellum into contact with the food. In response to this stimulation the labellar lobes open, thus bringing the receptors on the oral surface into contact with the food. Stimulation of either set of receptors on the proboscis initiates sucking. The duration of feeding depends upon the time required for a high level of adaptation of oral receptors to occur. When adaptation attains a high level feeding ceases, but only temporarily until disadaptation occurs. The ultimate cessation of feeding cannot be ascribed to sensory adaptation. At the beginning of feeding the threshold of response (concentration of sucrose that elicits extension of the proboscis) is at its lowest level. At the cessation of feeding the threshold is very high. Even after disadaptation has set in the threshold remains elevated for hours. Threshold is regulated by information originating in the foregut and passing by way of the recurrent nerve to the brain, where it inhibits the effect of sensory input from the oral receptors. None of the following factors are involved in the threshold regulation: blood sugar level, stored glycogen depletion, crop content, midgut content, or humoral agents in the blood. When the recurrent nerve is cut, inhibition no longer occurs, and feeding is continuous until the fly dies. In these hyperphagic flies the threshold of response is never elevated. Hunger can be equated with absence of stimulating fluid in the foregut, i.e. no inhibiting impulses via the recurrent nerve. Consummation of feeding is brought about neither by the fulfilment of a metabolic need nor of a motor pattern. If a fly is fed the non-metabolizable sugar fucose, its threshold of response is elevated and feeding is terminated. Such a fly is ' metabolically hungry ' but ' behaviourally satiated '. It will eventually starve to death through failure to feed even in the presence of glucose. Dethier concludes that 'there is no conclusive evidence of hunger "drive" in the sense of positive input from external or internal receptors or from endogenous (feeding) centres within the CNS '.

Of course this is not the whole story, since to feed a fly must first encounter food. The mechanism for encountering food, which seems to be based upon an increase in activity of the fly as the period of food deprivation increases, and during which time the threshold of response gets lower, has not been shown to be under the same control as the feeding mechanism. As far as feeding is concerned, it is entirely controlled by the foregut mechanism. Feeding is in no way driven by tissue need.

This type of evidence rules out even the tissue need hypothesis of purposive, unitary drives, the hypothesis seemingly most likely to be correct, but which in any case has never been found to fit the sexual drive. Therefore, it would seem that as concerns primary vital biological processes, there are no goal-driven drives or urges, and there are no unitary drives.

What emerges for me is a picture of the organism born with a set of species-specific behaviour patterns, or ' instincts ' in Lorenz's term, namely motor acts with selective responsiveness to certain stimuli, but these patterns are not driven. These behaviours occur in biologically appropriate situations, as part of the inborn repertoire of the species, being analogous to the inborn morphology, e.g. a child has a smiling response to a specific stimulus configuration, and it also has a face. Both the morphological and behavioural characteristics have been selected for in the course of evolution as best suited to ensure survival under the usual environmental conditions. Selection pressure has acted also to ensure that certain experiences and encounters with environmental objects will be reacted to appropriately, in the course of which various conspecific relationships will be formed. Finally, certain capacities for individual ontogenetic development have also evolved, to the greatest extent in man.

This is as far as the available evidence from biology allows us to go. We must deal with this information as best we see fit. Freud (8) said, in 1922, ' Biology is truly the realm of limitless possibilities; we have the most surprising revelations to expect from it, and cannot conjecture what answers it will offer in some decades to the questions we have put to it. Perhaps they may be such as to overthrow the whole artificial structure of hypothesis.' We may accept the data I have presented as data we have been seeking from biology and integrate them into our thinking, or we may assert that they are not the data we want and ignore them.

In my view they do have certain implications for psycho-analytic theory. If primary biological non-psychogenic processes are not driven to and by goals, and if there are no unitary drives in the operation of such biological processes, how then do we account for our repeated observations that in the developed human, behaviour is driven by goals and there is a unitary sexual drive clearly operating?

The thing that seems clear to me is that both these facts must be explained by what happens to the human being during his development. The ethologist Thorpe (24) has pulled together evidence from the animal kingdom which shows that integration of built-in patterns in animals occurs by learning, and he has detailed the varieties of learning. (The genetic, structural, adaptive, and dynamic implications are here of obvious importance.) Even so, there is great specificity in the learning process as well; a chaffinch will learn better how to sing a chaffinch song than any other; a canary will learn only to build a canary nest and not another; and so on.

What I am suggesting, firstly, is that purposive psychic drives, expressed by wishes, in which goals are causes, regardless of their topographical location in the mind, represent an emergent function of the psychic apparatus which develops partly by learning in the course of maturation of that apparatus. Nothing mysterious is implied, since it is assumed that this is made possible by the structural and behavioural characteristics of the human nervous system, as they have been evolved through selection pressure. In fact I believe that the mechanisms for such a drive development have been described by Kubie (12) in a series of papers on repetitive phenomena and compulsive drives, but I cannot now detail his argument. I do not know whether this is peculiar to man, but I do believe it is peculiar to a psychic apparatus in which goals can be conceptualized. I wonder if the persistence and recurrence of the idea of purposive primary instinctual drives in science is not just another anthropomorphism, since by the time we think we already have (psychic) drives.

Secondly, it seems to me that we need no longer postulate that the full panorama of sexuality as we know it in man is derived from an inborn biological urge or force pressing inexorably for discharge. Rather, we may view the manifestations of sexuality in terms of an ontogenetic development of inborn sensori-motor patterns, achieving a maturational, hierarchical, unitary structure by progressive synthesis of components through a series of transactional experiences, in the course of which the goals and thereby the drive are acquired. The basis of the continuity and ultimate unity of libidinal drive must be sought not in some mysterious *élan vital* but rather in some characteristic physiological mechanism underlying sexual excitation.

Freud, in the ' Three Essays on Sexuality ' (7), described the prototype of sexual excitation in the pleasurable stimulation of the mouth in nursing. He said that the child sought this experience again for the pleasurable state it produced, which it should be noted is a state of stimulation. I believe that Freud was then misled by his reflex analogy of behaviour and thus had to reorient the pleasure concept in terms of a discharge or lowering of excitation. Most gratifications are in fact derived from stimulation, not the lack of it. Most behaviour is brought to an end by stimuli, not by execution of acts. Much evidence from the animal world indicates the importance and even survival value of stimulation. To work very much at all the brain requires a continuous supply of stimulation. People deprived of sensory experience hallucinate it. All of which indicates the functional significance of stimulation. In my view, pleasure or sexual excitation arises mainly by stimulation, most often on the model Freud described.

I believe that there is a second source of pleasure by stimulation, which bears also on the problem of unpleasure. I refer to the stimulation which brings to an end so-called reactions to deficit, as for example, the appearance of a mother figure at the side of a distressed offspring, whatever the cause of the distress, or unpleasure. This brings the distress behaviour to an end and may, I think, produce a pleasurable state thereby. This may be of extreme importance in establishing the relationship of child to mother, in a manner related to what Bowlby has hypothesized (3), and may thus be of crucial significance also in the later development of object relations. You may recall that Bowlby's hypothesis is that the child becomes attached to his mother by a number of ' instinctual response ' systems, each of which is primary and which together have high survival value. The ' instinctual responses ' he describes are crying, clinging, smiling, following, and sucking, which are ' fixed action patterns ' by Lorenz's definition. Bowlby's theme is that each of these patterns is in fact consummated in relationship to one object, the mother, and that therefore the attachment to mother results from this focussing. He says further that until the child ' is in close proximity to his familiar mother-figure these instinctual response systems do not cease motivating him ' (4). I have this objection to Bowlby's hypothesis: in themselves these component 'instinctual responses' cannot explain the ultimate continuity and unitary nature of the libidinal drive and its relationship to various body parts.

It is my suggestion, then, to repeat, that the basis of the continuity and ultimate unity of libidinal drive should be sought in the processes underlying sexual excitation. I would suggest further that the modern evidence about behaviour terminating stimulus situations and stimulus-seeking must be included in our re-evaluation of the pleasure-unpleasure series, its relationship to sexuality, and its rôle in behaviour.

With respect to the ontogenetic development I have suggested for libidinal drive it may be objected that it is a secondary or acquired drive. I submit that it is, but I do not see why this should demean it. The idea that libidinal drive is innate has been useful but not necessary, and certainly it has never been proved. The drive acquired through experience is not any the less biological, since it depends on human structure and function, and especially a particular capacity for sensory pleasure. It is no less constant, since the biological capacities and experiences are species typical. Finally, this suggestion alters libido theory only to the extent of re-interpreting the biological basis of its origins, rejecting the innateness of the drive component.

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PERCEPTION, IMAGINATION, AND REALITY[1]

By

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The relation of perception to reality has posed a problem for philosophers and scientists for all the millennia that man has been a thinking animal. It remains an unsolved problem today, though we may have new questions to ask about it and new words in which to ask them. My thesis is directed to the questions that psycho-analysis may raise in this connexion, and specifically to the role of the imagination in the interrelationship of perception and reality.

I am placing my questions in the context of the larger problem of the nature of the imaginative process, which I believe deserves closer psycho-analytic scrutiny than it has received. The term imagination is used very loosely in psycho-analytic writings, and has a different meaning for every author. It would be an endless task to attempt to reconcile the various uses of the term imagination, and I can only hope to make clear the sense in which I use it, to examine certain psychological phenomena which are usually subsumed under the rubric of imagination, and to apply to them the precise tools of psycho-analytic theory, specifically the structural theory and the concepts of instinctual energic vicissitudes.

For the purpose of my discussion I would define imagination as the capacity to form a *mental representation* of an *absent* object, an affect, a body function, or an instinctual drive.[2] I am here defining a *process* whose *products* are images, symbols, fantasies, dreams, ideas, thoughts, and concepts. It is essential to distinguish the process from the products. I recognize that this definition does not follow the usage of everyday language, which makes imagination a phenomenon associated with creativity and unreality, beyond the realm of ordinary thought processes. I have attempted, rather, to consider imagination as a ubiquitous component of human psychic activity unique to man—a point which I elaborated in my earlier study. In that paper I emphasized that imagination is a complex psychic function, itself the resultant of a group of ego functions, that enters into all aspects of human psychic activity—normal mentation, pathological processes, and artistic creativity. I indicated that I do not use the word ' imaginative ' as the obverse of the word ' realistic ', as is so often done. Imagination is not opposed to reality, but has as one of its most important applications, adaptation to reality. This, in effect, is the central theme of this paper.

By defining imagination in this fashion, I find myself in disagreement even with psycho-analytic authors. Rycroft (19) for instance, limits imagination to ' the process of elaboration, organization and configuration of images which subserves the secondary process ', and would restrict the term ' phantasy ' to the use of imagos by the primary-process. Rycroft emphasizes, as I do, the role of imagination in adaptation to reality, and recognizes, as is generally accepted, that unconscious fantasy has a role in reality-thinking. I differ with Rycroft, however, in his limiting imagination to secondary process. In my earlier study I offered my reasons for broadening the concept of imagination to cover all human psychic phenomena in which absent objects achieve mental representation. Imagination in this sense can then be subdivided into primary-process imagination and secondary-process imagination according to the mode of discharge of instinctual energies achieved by the products of the imaginative process.

The ego's function of relating to reality may appear in one of several forms—adaptation to reality, testing of reality, the sense of reality, or the awareness of reality—but all are based on perceptive experiences. Psychic activity is set in motion by stimuli and it must be assumed that stimuli are somehow registered in the mind to accomplish this. In other words, stimuli must be perceived.

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[1] Expanded version of Paper read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] I have discussed the general problem of the psycho-analytic psychology of imagination in an earlier paper (1).

The study of perception is now in the forefront of interest of academic and experimental psychologists, but I shall by-pass consideration of ' the chaotic state of perceptual theories ' as one psychologist (10) puts it, and offer only what appears to me pertinent to my thesis.

It is, of course, clear that immediate sensation, the reaction of sense-organs to sense-data, should not be equated with perception. Confusions arise in the more complex perceptual phenomena, the relation of perception to conscious awareness and the relation of perception to cognition, apperception, or apprehension. Fisher (4) and others have demonstrated conclusively that stimuli may be registered in the psyche without conscious awareness. It is not certain that all stimuli achieve psychic representation, but when this does occur we assume registration as a memory-trace. Nor are the factors known which determine that a sensation or a memory-trace reach consciousness.

We may formulate a hierarchy of perceptive experiences. At the first level are the sense-data of the primary modalities, the response of the sensory nerve endings to temperature, pain, touch, proprioception, and pressure. To these must be added the special sensory responses of vision, hearing, taste, and smell. At this level sensation is a neuro-physiological phenomenon, and I would agree with authors who consider this phase as pre-perceptual.

The next level is the organization of these primary sensations into percepts. In animals as well as in man these more complicated percepts are recognized by the responses they produce, as gestalts and configurations of space, form, and colour. At this level, also, as we have learned from comparative psychologists, the percepts are characterized above all by their relation to direct and immediate sensory stimulation. This is still not the imaginative process, though it may involve complicated mentation. It depends on signals, not on mental representations. These gestalts form the reality-world of the organism, the ' Umwelt ' described by Jacob von Uexküll (21). As he has shown, this reality varies for each animal according to its specific biological and psychological structure, made up, as he says, of its receptor and effector cues (p. 12).

Only at the third level does perception achieve representation independent of immediate and direct sensory stimulation, and only then can we speak of a true mental representation of ' what is not actually present to the senses '. (*Oxford English Dictionary*.) Stimuli emanating from the outer world are organized into a concept of this outer world, of reality; and stimuli emanating from the body organs and muscles contribute to another part of the concept of reality, the image of the self. But in both instances the stimuli must pass through a complex process before they are conceptualized in the mind. Thus the waves that are produced by a tuning fork (i) impinge upon specific sense organs which (ii) transmit nerve impulses to a specific area of the brain, where (iii) the stimulus is recognized as a sound of specific pitch and tonal quality. But in each step of this process we deal with a different sort of physical, psycho-physiological, or psychological activity. The waves of the original stimulus are entirely different from the nerve impulses, and these are different from the concept of a sound.

It follows that there are several different aspects of reality. There is an ' outer ' reality (which includes the body), whose existence and nature we can only assume from indirect evidence; there is a reality of direct perception of immediate sensation; there is a reality of organized gestalt configurations; and finally, there is a reality of abstraction and conceptualization. Only in man is there this last kind of reality, and it is the one we understand the least.

This is a familiar formulation which emphasizes that perception may be defined differently according to which aspect of it one is observing. One must distinguish physiological perception from psychic perception and one must distinguish the ' physical ' world from the ' perceptual ' world. Thus, speaking as a neuro-physiologist, W. Russell Brain (2) states that ' the perceptual world is not identical with the physical world, but is a representation of it '; and speaking as a psychologist, Gibson (10) distinguished the ' literal ' world from the ' schematic ' world, a distinction which he believes calls for two kinds of perceptual theories that are not contradictory but supplementary to each other.

From the psycho-analytic viewpoint the organization of percepts in man involves the interaction of a number of ego functions, which in sum make up the imaginative process. In its development, imagination is influenced both by the vicissitudes of the ego functions and by instinctual conflicts. Of special significance are the role of object relations and the development of separate identity. The infant progresses from its primitive state of undifferentiation to the separation of self and non-self. The capacity to represent the external object as non-self, to function in relation to a ' real ' external world, implies the capacity to represent the self as well. The latter is the response to sensations of body parts, of physiological functions, and of affects. There is constant interaction of percepts of stimuli from the outer world, the body, and their organization and synthesis by the ego. Responses to stimuli are mediated, as the child develops and his ego functions mature, almost exclusively through mental representations. Mental functioning takes on its characteristic and unique human quality—perceptions of the external world, perceptions of inner drives, affects, are all somehow registered in the mind by psychic representations, and it is to these representations that the energies of the instinctual drives are directed in the process that we recognize as ' cathexis '.[3]

Reality is a relative, indeterminate concept, influenced by the imaginative process in man. The testing of reality, as is the case with cathexis, is carried out not directly on the external objects, the outer world, but on the mental representations of the external world. These mental representations are exposed to distortion in the neurotic and even in the normal person through a number of factors: libidinal and aggressive drives, wishes, frustrations, memories, and associations, among others. Freud makes clear the role of mental representations in reality testing. In his paper on ' Negation ' (9), he says: ' The contrast between what is subjective and what is objective does not exist from the start. It only arises from the faculty which thought possesses for reviving a thing that has once been perceived, by reproducing it as an image, without its being necessary for the external object to be present. Thus the first and immediate aim of the process of testing reality is not to discover an object in real perception corresponding to what is imagined, but to *re-discover* [author's italics] such an object, to convince oneself that it is still there.'

All external perceptions are to some degree distorted on the path to psychic representation and in the testing of reality. In the testing of the relation of an external perception to an internal image, one psychic representation is being compared to another. Freud was fully cognizant of this problem, and in his paper on ' The Unconscious ' (7) he notes that ' just as Kant warned us not to overlook the fact that our perceptions are subjectively conditioned and must not be regarded as identical with what is perceived though unknowable, so psycho-analysis warns us not to equate perceptions by means of consciousness with the unconscious mental processes which are their object. Like the physical, the psychical is not necessarily in reality what it appears to us to be.' Only in the most primitive circumstances—a hand on a burning stove—does the human being react directly to the stimulus.

In the psycho-analytic literature the distinction of the different aspects of reality has been clearly noted. Freud (5, p. 620) distinguished *psychical* reality from *material* reality, and he saw unconscious mental activity as ' the true psychical reality ' (p. 613). Psychical reality as defined by Freud is evident in the derivatives of unconscious mental activity in all aspects of psychic functioning, both normal and abnormal, in slips of the tongue, object relationships, artistic creativity, and in manifestations of mental illness. These are, in my opinion, all expressions of the imaginative process. I would, however, consider psychical reality to be more than the reality of unconscious mentation; I see it, rather, as the reality that is created in the mind of each individual by his imagination, both conscious and unconscious imagination, both primary-process and secondary-process imagination.

Opposed to reality is the hallucination which, even in its early form of hallucinatory wish-fulfilment of the child or the wish-fulfilment of the dream, is already an advanced psychic process that requires the function of the imagination, the capacity to form mental representations.

The hallucinatory wish, when it does appear, is countered by the demands of reality, and the ego's reality function will, in normal development, replace the hallucination or fantasy with a reality-oriented group of psychic products. The struggle to achieve this transformation, the conflict between the wishes of the instinctual drives, the id, and the restrictions imposed by reality by way of ego and superego functions, finds expression in the symptoms of mental illness. The dynamic conflict that is at the basis of psychopathology is in this sense a conflict between different mental representations, different products of the imagination. It is specifically those manifestations of imagination that aim at immediate gratification, the primary-process manifestations that disregard the demands of reality, whereas the secondary-process manifestations which permit the postponement of discharge are related to reality.

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[3] Compare the editors' introduction to Freud's ' Three Essays on Sexuality ' (*S.E.*, 7).

It must be remembered, however, that primary-process activity is normal and under certain circumstances serves the organism's adaptive needs. We owe to Ernst Kris (15, *passim*) the concept of regression in the service of the ego, and we know that there are normal states which require the capacity to regress and utilize primary-process discharge. We are especially familiar with the role of regression in artistic creativity, but even in scientific thought there are preliminary phases of primary-process imagination.

In animals, psychic activity, no matter how complex, is activated only in response to direct and immediate sensory stimulation. In man, a new factor is introduced—the functions of the ego—and it is by these functions, which include the imaginative process, that man can delay discharge and adapt to reality. Only man has the capacity to respond to a mental representation, to a fantasy which embodies a wish derived from instinctual drive impulses. Man interposes between the external stimulus and his response the unique products of his imagination. Man and animal share the function of memory, but the memory-trace differs from a mental representation, though memory, of course, enters into the formation of mental representations.[4]

Mental representations may take one of several forms, which we may list in a hierarchy—symbol, image, fantasy, thought, and concept. The animal also organizes its percepts, but the space-gestalt or object-gestalt of an animal is different from the human conceptualization of time, space, and object. It is not possible in a short communication to consider all the manifestations of the imaginative process, and I shall limit myself to discussion of symbolism and fantasy, as these are profoundly involved in the ego's adaptation to reality.

Symbolism is a form of indirect representation that supplies the building stones for the various mental representations: the dream, the fantasy, the hallucination, the symptom, and language. By the formation of symbols the ego can interpose inner mental indicators between the stimulus and the response of the organism, and thus delay the discharge of the tension produced by the stimulus. Also by the formation of symbols the ego can displace wishes from forbidden objects on to some substitute, the symbol, and so effect immediate gratification. In both instances symbolism serves the organism's adaptation to reality.

In psycho-analysis, symbolism has a specific significance that is different from its meaning and use in literary and philosophical writings, and it is important that we clarify this difference. The symbol, in its dictionary definition, is 'something that stands for, represents, or denotes something else (not by exact resemblance but by vague suggestion, or by some accidental or conventional relation)'. (*Oxford English Dictionary*.) The psycho-analytic use of the term would agree with this definition, but it adds the distinction between two types of such indirect representation. Psycho-analysis distinguishes between the conscious sign or token and the representation of an unconscious mental content by a substituted representation. The former aims at communication with delay of discharge; the latter achieves immediate discharge by repression and distortion of the unconscious content. Communication in this instance may be a secondary result and is effected unconsciously.

It is not pertinent at this time to enter into the complex philosophical problems of the origins of symbol formation, which would involve consideration of language, myth, and cognition. I would only bring to mind the theory that what is in our culture a conventional sign or token used in everyday speech, was at one time in earlier cultures a symbol representing unconscious forces (Cf. Róheim, 18). Jones (13, p. 131), stated that in psycho-analytic symbolism a more essential idea is represented by a less essential one, and that the two are related by inner or outer association. He added (p. 158) that 'only what is repressed is symbolized; only what is repressed needs to be symbolized'. Today, in terms of ego psychology, we prefer to say that symbol formation is a basic component of human psychic activity related to the ego's function of mediating between the external world and the inner drives, but Jones' formulation is, I believe, still valid.

The symbol, like the dream, has a manifest and a latent content. The manifest content is, of course, what appears to consciousness. In fact, the symbol is always conscious, whether it be a word, an image, or an act. What is unconscious is the repressed meaning, that which the symbol represents. Symbol formation in this instance is an unconscious process by which a conscious perception replaces an unconscious mental representation. At the same time, the symbol may have another meaning which is not repressed and is readily understood. The meaning of the symbol that arises out of unconscious mental activity is not recognized and its interpretation is resisted by powerful forces, the counter-cathexis of ego defences. But by the conscious representation of the unconscious mental content that characterizes the psycho-analytic symbol, primary-process discharge of repressed psychic energy is made possible.

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[4] I have discussed this question in greater detail in my earlier paper (1).

Very different is the contrived representation, which should be called a token, sign, or emblem, but which in common speech is also called a symbol. Here the representation is formed by a conscious or preconscious mental act. This type of symbol is immediately recognized for what it represents; its meaning is a matter of linguistic usage and conventional agreement and there is no resistance to accepting its meaning.

The outward characteristics of a symbol do not determine whether it is the product of primary or secondary process activity. A two-headed monster in a child's drawing has different significance from that in a modern painting or from that in a cartoon in a newspaper. It is these differences of significance that make it important to separate primary-process symbolism of unconscious origin from secondary-process symbolism of preconscious and conscious origin, to separate the product from the process. The consciously contrived representation that aims at communication may also have other significance, of which the symbol-maker is unconscious. Similarly, the symbol which is unconsciously produced will evoke in some a response that serves as communication, usually on an affective level. This would, however, in each instance, be a secondary result of the process.

The dream is perhaps the most striking instance of the imaginative process and especially of symbol formation. But as Freud said (5, p. 591), ' The point is not that dreams create the imagination, but rather that the unconscious activity of the imagination has a large share in the construction of the dream-thoughts.' Dream-work is a form of mental functioning that aims at primary-process discharge, taking full advantage of the free mobility of psychic energies which this implies, to create symbols by the work of displacement of energies from one object to another and by the condensation of mental contents. Symbolism implies ambiguity, and the symbol may have one of several meanings, as the primal words in ancient languages have double meanings (5, p. 341). Only by its place in the total context can the meaning of a symbol be determined. Symbolism may serve a defensive purpose or it may serve the ego in conflict-free areas of adaptation and communication.

The imaginative process, the capacity to form mental representations, including symbols, has a developmental history. The new-born infant does not have this capacity, and we may assume a pre-symbolic phase in early infancy during which response to stimuli is somatic and physiological, without symbolic content. Only as the imaginative processes of the ego develop the capacity to form mental representations do the physiological functions assume symbolic meaning and enter into the clinical picture of organ neurosis, hypochondriasis, or conversion hysteria. Ella Sharpe (20) expresses a similar thought in her demonstration of the importance of infantile psycho-physical experiences that have ' through symbol and metaphor and psychic processes of " ordering ", been welded into a creation which through words alone conveys the totality of body, emotion and mind.'

I turn next to consideration of fantasy, which to the analyst is a familiar product of the imagination. It varies in form from the isolated image to the complex story. It may be vivid and easily accessible to consciousness, or it may be vague and incapable of verbalization.

The fantasy is a compromise and a summation. It takes origin in the conflicts that arise from the unsatisfied wishes of the instinctual drives or in the frustrations of the outer world (6). It may serve as a substitute for action or as a preparation for later action. Especially in the child it may be a preparatory phase of reality functioning. It may serve the id and provide gratification or it may serve the ego as a defence. In either case it is manifested by way of ego functions. Fantasy also serves superego functions by providing the imagery behind the idealizations and moral concepts of the individual. Without the capacity to abstract moral concepts, there can be no superego, no social structure transmissible from one generation to the next.

The fantasy is a compromise in that it contains elements of gratification and of defence and also in that it includes primary-process and secondary-process components. Symbolization appears in the fantasy as idea and as image. The fantasy is in effect made up of a group of symbols. These are synthesized by the secondary process into a unified story or, in the dream fantasy, into the manifest content by the secondary revision of the dream.

Fantasies may be conscious or unconscious. In either case they are manifestations of ego functions. It is, I believe, a theoretical error to speak of ‘ id fantasies ’ or the ‘ repression of fantasies into the id ’. The more accurate formulation is that unconscious fantasies indicate an unconscious ego function. They are, of course, derivatives of id impulses, and the motivating power or the unconscious fantasy takes its energy from the id drives. As Hartmann (1956) points out, fantasy activity is real, though not realistic.[5]

Melanie Klein has emphasized the importance of symbolization and fantasy as the substratum of psychic activity. She says, for instance, that ‘ symbolism is the foundation of all sublimation and of every talent, since it is by way of symbolic equation that things, activities, and interests become the subject of libidinal phantasies ’ (14). I think we would all agree with the general statement she makes here, which follows from Freud’s description of the ubiquity of symbolism in human psychic activity in his early writings (5, p. 351), and most succinctly in his *Introductory Lectures* (8, p. 148). But there is no evidence to support Mrs Klein’s assumption that unconscious fantasy activity begins in early infancy as she states. Susan Isaacs (12), in her exhaustive paper on ‘ phantasy ’, follows Mrs Klein’s theories and applies the term ‘ phantasy ’ to all unconscious mental content in contrast to the term ‘ fantasy ’, with which she refers to the conscious fantasies of the nature of daydreams. She uses the word ‘ phantasy ’ in many instances where I would prefer the term ‘ mental representation ’.

What is most difficult to accept is the theory that the ‘ phantasy is *inherent* [my italics] in the sensation and the impulse,’ or that ‘ phantasies do not take *origin* [author’s italics] in articulated knowledge of the external world; their source is internal, in the instinctual impulses ’. To speak of ‘phantasy’ as ‘inherent in the sensation’ assumes an imaginative process without relation to perception. This Kleinian theory contradicts all experimental studies on perception and imagery.

Fantasy formation is indeed a ubiquitous and constant activity of the human mind. Object relationships are influenced by identificatory processes, which in turn are based on fantasies of incorporation and projection of object representations. Psychic growth by identification leads to structuralization of ego and superego and requires the capacity for symbolization and fantasy formation. With further development, as the ego becomes capable of reality-testing and separation of self and non-self, the identificatory relationships are replaced by true object relationships. These, too, are based on mental representations.

We note in patients that the symbol or the fantasy may be more powerful in its effect on their behaviour than is reality. I have in mind a homosexual patient whose daily contacts with the penis of his partner aroused no anxiety, but who went into a panic in a dream in which the penis was symbolized by a spidery monster. Of course, this example illustrates that behind the overt homosexuality there was a profound fear of the phallic female, castration anxiety, and a conflict around oral aggression. From one aspect, the penis of the partner was to this patient not the true object of his instinctual drives; it was itself a symbol of deeper, pre-phallic wishes and conflicts, and a defence against them.

Another patient with a profound conflict around conscious homosexual wishes is able to talk about his interest in the phallus and his fantasies of eating a man’s penis, without anxiety and in an isolated, unreal way, but becomes very anxious when his wish assumes symbolic form in an impulse to bite his brother’s nose. We are all familiar as an everyday experience with the relief when a fantasied danger is realized in an actual experience.

The capacity to distinguish fantasy and reality is the culmination of the progression from the pleasure-principle to the reality-principle. It is a process that is never fully completed because there remain certain areas in which reality can never be established. From the clinical viewpoint, the patient with the fixation on a fantasy offers a most difficult therapeutic problem, and when a fantasy is reinforced by reality it is almost indestructible. It may be said that the essence of psycho-analytic therapy is to have the patient give up his fantasy and to recognize and accept reality. It is necessary in the analytic process to bring out the fantasy and to keep it alive long enough to understand the wish behind it. But eventually the patient must renounce his fantasy and realize his wish according to the demands of reality, if at all. The sadness of the patient who must give up his fantasy is a striking clinical phenomenon and one that is responsible for much of the patient's aggression and hostility to the analyst.

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[5] I am aware that I use the concept of ‘ id ’ in a sense different from that defined by Freud, but I believe in a sense implicit in his later writings and implicit in the recent elaborations of the structural theory. This subject deserves more attention than I can give to it here.

We are forced in our clinical work as well as in our commonsense functioning to assume the existence of a stable and concrete external reality, even though our neuro-physiological, psychological, and philosophical considerations give us no secure platform on which to set our supports. It remains a fact that despite all our theoretical misgivings, human beings do have a communal awareness of a real external world. This is the problem of objectivation.

Freud was concerned with this question, and in his paper on ' Negation ' (9), to which I have already referred, implies the role of imagination in reality testing. He says, ' It is . . . no longer a question of whether something perceived (a thing) shall be taken into the ego or not, but of whether something which is present in the ego as an image can also be rediscovered in perception (that is, in reality).'

To be aware of reality it becomes necessary to have two points of reference—one is the perception of the external world, the other is the internal image, the mental representation.

Two other factors related to the awareness of reality are to be found in the ego function of object relationship—the human capacities of communication and identification. Because the imagination of man has developed a complex device for communication, language, and speech, it is possible for men to compare their individual interpretations of the external world and to establish a common image of this world. But even this common image varies according to the circumstances that bring the human beings together. There is scientific truth, commonsense truth, and social or conventional truth. These may have little in common (11). Reality is, as I have already said, relative and indeterminate.

There is more than conscious communication in the establishment of this communal reality. There is also the role of identification, an unconscious process, that gives to two or more persons a shared awareness of an external reality. This may, for instance, appear as the reality of a love relationship, a shared aesthetic experience, or a shared religious experience. It is this process that permits the analyst, by his empathy with his patient, to recognize the reality of the psychic processes in the latter.

The role of identification in the communal reality experience raised the question of the role of introjective and projective mechanisms in the transformation of perceptions into mental representation. To explain the transformation of sensations and perceptions into mental representations by the mechanisms of introjection and projection creates the danger of accepting analogues as explanations.

The formulation which I would support is that perception begins at the level of neurophysiological response to sense data and subsequently passes through the hierarchy of perceptual levels which I described at the beginning of this paper. It is basically an autonomous ego function, subject, however, to involvement in areas of conflict. When we describe the ' taking-in ' of stimuli by skin, eyes, ears, or other organs, we are using a convention of speech which has an instinctual analogue that we call incorporation. We must not make the logical error of assuming that the analogue describes an actual process.

Incorporation, in turn, may be expressed in a *fantasy* of introjection. The introject, which is the product of the fantasy, is a mental representation. The mental representation has been formed not by the introjection of a perception but by a complex interaction of ego functions, including memory, symbolization, imagery, and, in certain instances, thought and conceptualization. Similarly, projective mechanisms may by analogy be used to describe the formation of mental representations, but it cannot be said that they *form* the mental representations. The role of projective mechanisms in the distortion of reality is, of course, a commonplace psychoanalytic observation.

These considerations open difficult problems which would take me beyond the purpose of this presentation. I would only indicate at this time the circular problem involved: identification enters into the function of imagination, and at the same time imagination plays an important role in the development of identifications.

The various functions of the ego that are concerned with adaptation to reality go through definite developmental phases, which have been described both in psychological and in psychoanalytic writings. I need not repeat what is already so well known, but I wish to indicate the role of the imaginative process in this development. Only with the development of the imaginative process, the capacity to create a mental representation of the absent object, does the child progress from the syncretic sensori-motor-affective immediate response to the delayed abstract, conceptualized response that is characteristically human.

Marion Milner (17) has emphasized the importance of the illusion in this transition, and Winnicott (22) has described the role of the transitional object in infants. The latter is related to the substitute object which may be observed in primates and even in lower animals. The imprinting phenomenon in goslings described by Lorenz (16, p. 102 ff.), is an example of a substituted object, but this is clearly not an example of symbolic activity. However, as the human ego develops its imaginative faculties, the transitional object of the infant is replaced by a symbolic mental representation whereas the substitute object of the lower animals remains at that level.

Winnicott and Milner are describing different aspects of the imaginative process. The transitional object of the former is a forerunner of imagination, a pre-symbolic manifestation. The illusion described by Milner is already a product of imagination, a much later manifestation, and illustrates the role of imagination in adaptation to reality.

I have maintained throughout this paper that imagination is not opposed to reality. This point has been especially emphasized by the philosopher, Ernst Cassirer, who says in his discussion of art, myth, language, and science as special symbolic forms, that they ' are organs of reality, since it is solely by their agency that anything real becomes an object for intellectual apprehension, and as such is made visible to us ' (3, p. 8).

Without imagination, reality is only sensed and experienced; with imagination, reality becomes an object of awareness. With his imagination man participates in reality, alters it, and even to some extent controls it. The imagination of man has been applied to external reality in the physical sciences; its application to internal reality by psycho-analysis is a work still in progress.

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PSYCHO-ANALYSIS AND CONSCIOUSNESS[1]

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After Freud's discovery of the unconscious motivations of conscious behaviour, psycho-analysts were mostly concerned with the unconscious, and only in the last decade has more been written about the state of consciousness. I believe that this renewed interest in consciousness was partly caused by the increased clinical and therapeutic concern of psycho-analysts about schizophrenics, and—in my own case at least—was stimulated by the strange forms of consciousness appearing in paranoid patients.

In reviewing problems of consciousness I shall, of course, first quote Freud, who in 1900, in *The Interpretation of Dreams* (3), considered ' consciousness to be a sense organ for the perception of psychical qualities ', and ' conscious perception as the function proper ' to this organ. After the introduction of the structural concept in *The Ego and the Id* (6), Freud considered consciousness a function of the ego. He said: ' This ego includes consciousness, and it controls the approaches to motility. It is this institution in the mind which regulates all its own constituent processes.'

I am inclined to see consciousness not only as a psychological function, but, in the sense of Hartmann (10, 11), as a primary autonomous function of the ego.

Consciousness and Instincts

(i) *First Appearance*

The time of the first appearance of consciousness is a problem best covered by neurologists and developmental psychologists, but I may mention some observations, as timing has importance for the hypothesis of birth trauma. Without the existence of a functioning perceptive apparatus, or a perceiving ego, the assumption of birth trauma would be difficult to formulate. The assumption that a potential consciousness, if not conscious perception, is possible prenatally from the seventh month on is supported by at least three observations:

(*a*) A conditioned reflex was set by Spelt (18) after the seventh month by conditioning embryos in utero to vibrotactile stimulation on the basis of their unconditioned response to sound.

(*b*) De Snoo (17) observed that in cases of hydramnios, the surplus of amniotic fluid disappeared after injecting saccharine. He concluded that the embryo differentiates between sweet and not sweet in these cases, and prefers to swallow sweet amniotic fluid.

(*c*) Gesell (9) observed that prematurely born children develop the ability to differentiate and recognize before reaching the normal birth age of nine months. In his words, ' true wakefulness of the mid-stage foetal infant of 32–36 weeks can be observed, and at the foetal age of 40 weeks, the visual and attentional behaviour of the foetal infant is a little more advanced than that of the maturely born infant.' This observation would support the hypothesis of a potentiality of the same abilities to exist in utero after the seventh month. Doubt could be cast upon the assumption of consciousness in utero on the basis of these observations if we accept the possibility of unconscious differentiation and unconscious conditioning.

A factor previously used to date origins of consciousness has been myelinization, which has usually been considered a condition of neurological functioning; but the publications of Langworth (12) indicate that myelinization may be a consequence of functioning, and may be stimulated by the birth experience.

(ii) *Energy and Motivation*

Freud assumed that the rising tension of the undischarged instinct of hunger causes the first mental activity of hallucination of the breast, and analysts followed this line of thought by theorizing that:

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(*a*) the motivation of thinking and consciousness is, in the last analysis, always a basic need, like hunger or genital desire, and

(*b*) the energy of thinking, like that of all other functions, is instinctual energy.

These theories have been elaborated many times in the literature on sublimation.

Changes in theory were proposed by Hartmann (10), who assumed that a reservoir of neutralized instinctual energy is available to the ego, and by Rapaport (14), who stated that in his secondary model of cognition, consciousness does not depend upon drive cathexis alone, and may not depend on it at all, but upon the allotment of attention cathexis. He assumes that only in his primary model of cognition does consciousness depend on drive cathexis.

I am inclined to go a step further and to offer the hypothesis that an inherited apparatus—for example, the nervous system—not only evolved to express basic instincts, but also has an inborn need to function. We could then speak of a need to be conscious, to perceive, or to think, like Freud's *Schautrieb*, and are not forced to assume that the ego functions use only desexualized energy, but that they have, in Hartmann's terminology, a primary ego energy of their own. The hypothesis concerning a need to be conscious could be supported:

(i) By certain facts:

(*a*) that babies of a few months enjoy perception independently of hunger;

(*b*) that adults awake after a certain amount of sleep, independently of hunger or other basic needs;

(ii) By the theory of Lewin's dream-screen, that the blank dream or dream-screen is always present during sleep, as a memory of the breast, but independent of hunger.

(iii) By the results of isolation experiments, in which persons cut off from perception developed delusions and hallucinations, which appeared to be independent of hunger and other instinctual drives.

There is no doubt that the functions of the ego are dominated by the basic instinctual needs, such as hunger and sex, but I should like to paraphrase Freud by saying that the *content* of all thinking and consciousness is a detour from the direct path of gratification of basic needs, although consciousness itself may be a satisfaction of a specific need of its own, though often stimulated by basic needs.

(iii) *Content of Consciousness*

(*a*) *Perception*. The content of consciousness is not only defined by symbolic gratification; it seems that only that which is first peripherally perceived can become conscious. Freud expressed this conviction throughout his work. He referred the whole of consciousness to perception, perceptions received from without called sense perceptions, and from within called sensations and feelings. Later developed neurological and physiological theories do not, as far as I know, contradict Freud's assumption that emotions are also perceived by the ego, and that this perception may be disturbed, like external perceptions, by psychic mechanisms.

Objections have been raised concerning consciousness of newly created concepts, and have been explained in the following way. Newly-created ideas are based also on former perceptions, and the creative act consists of integrating the former perceptions into a new context. For example, Kekule, a chemist, fell asleep while working on his text-book and dreamed of snakes whirling around, and that one of them was biting its own tail. He awoke immediately and conceptualized the benzene ring, using the former perception of the self-biting snake to formulate a chemical structure, integrating the older perception into a new context.

(*b*) *Selection of Preconscious Percepts*. We have assumed that everything conscious was once perceived, but research about subliminal perception seems to indicate that not everything perceived becomes conscious. Fisher (2) reported dreams following tachistoscopic presentations. His hypothesis is that the three events leading to conscious perception are:

(i) the preconscious registration of the percept (i.e., the creation of the memory trace)

(ii) the preconscious contact of the percept with a similar pre-existing memory trace system; and its incorporation

(iii) the emergence into consciousness.

When the perceptual process is slowed down by the utilization of the tachistoscope, (i) and (ii) take place unconsciously in the presence of a stimulus object; (iii) takes place eventually in the absence of the stimulus object and represents, therefore, the later emergence of a memory trace rather than of an immediate conscious percept.

In the case of Fisher's tachistoscopic experiments, the duration of exposure to the stimulus was decisive for immediate consciousness of the percept.

The economic factor regulating consciousness of preconscious stimuli is the one least dealt with in psycho-analytic literature. Many percepts are registered in daily life, but most of them never become conscious or are forgotten immediately, and it seems that repression is probably not involved in this selection. Best evidence may be the facts of subliminal perception, when an enormous number of memory traces are registered, but only a small number which are significant becomes conscious at all. The borderline between repression and this phenomenon is not defined, and Rapaport discusses the problem as a result of allotment of attention cathexis.

A third factor, decisive for the consciousness of preconscious percepts, is the acceptability of the stimulus for the present state of the ego.

(*c*) *Innate Release Mechanism.* Innate release mechanisms described by ethologists present, in connexion with consciousness, an interesting problem to us. Animals harbour hereditary motor and sensory patterns which cause specific reactive behaviour to specific key stimuli which were not experienced in the ontogenesis of the animal.

To give only one of the many examples described: the female cichlid fish, reared in isolation, follows a moving red dummy made of rubber as she follows the red-bellied male fish to the copulation act, although she has never seen a male fish. We have neither any idea of the way in which these motor patterns of reaction, or sensory patterns of key stimuli, are stored, nor whether they are conscious before activation, but we could assume that they become conscious only after having been performed, and the performance peripherally perceived.

In mammals, innate release mechanisms were observed in monkeys as an inherited fear of snakes, and in cats whose hereditary pattern of prey is mice. If sucking is such a hereditary pattern, then sucking becomes conscious only after being exercised and being perceived. The smile response of a baby, as described by Spitz, may be another example.

Consciousness and Object Relations

The three basic observations on which Freud built his first theories demonstrate clearly the influence of present objects on states of consciousness.

Breuer could enlarge the consciousness of his patients by means of hypnosis, gain information about the origin of symptoms, and remove them by this procedure. Charcot could limit the consciousness of motivation by giving post-hypnotic suggestion, and create symptoms in this way. Bernheim could enlarge consciousness and create knowledge of motivation without hypnosis by means of suggestion. We all know that interpersonal relationships, in the form of transference, can enlarge consciousness of the past during the analytic session, or limit consciousness in the hypnotic setting. Brenman (1) made similar observations concerning states of consciousness while describing patients going deeper into hypnosis, or coming out of hypnosis, and concluded that the depth of the hypnotic relationship depended upon internal conflicts related to the therapist and the ability to tolerate anxiety.

Experience shows that the ability of the analyst to enlarge consciousness depends upon a minimum of resistance or an absence of overwhelming anxiety caused by related childhood experiences, or—to put it in other words—on the removal of the prohibitive influences of the first objects of childhood.

Psycho-analysis has, therefore, come to the conclusion that not only present objects, but the memory and memory traces of the first objects, of the introjected parents, influence present states of consciousness, and that the structuralization of the ego depends upon past and present object relations.

The first objects influence consciousness in a threefold way:

(i) They induce the child to accept and identify with their behaviour patterns towards instinctual drives, mould the ego attitudes of the child in this way, and this includes what should remain conscious, and what should be repressed, forgotten, and never remembered again.

(ii) These objects become introjected, and remain separate memory entities in the individual's mind, guiding future behaviour and consciousness.

(iii) The objects influence ego development itself, especially the progress to reflective awareness, which will be described later.

Consciousness and Ego

(i) *Control and Consciousness*

Rapaport showed, in reporting a fugue, that varieties of awareness depend upon strength of impulses and their control by the ego, and that maximum awareness correlates with optimal control of impulses, while both excessive lack of and excessive extent of controls correlate with limitations of awareness.

Other examples are presented by the compulsive neurotic whose exaggerated tendencies towards control limit consciousness, particularly of the personal past and his hostility; or by the hallucinations of food experienced by the normal starving man whose consciousness of reality is overwhelmed by instinctual desires.

Rapaport also demonstrated, by the example of dreams, what Brenman had described about hypnosis, namely, that mounting tension causing anxiety can have a dual effect: it can work as a signal of the danger of losing control and lead to more consciousness, causing awakening; or it can lead to less consciousness by the disappearance of the dream and the continuation of dreamless sleep. Awakening due to nightmares is known to all of us, and supports this theory.

Optimal impulse control depends upon the strength of the instinctual demand, upon the quantity of prohibition by internalized objects, and, third but not least, on the strength of the ego to handle anxiety caused by the demands of the instincts and the prohibitions of the objects. This so-called ' strength ' is based on layers of experience in handling needs successfully. The success is caused by identification with guiding objects in satisfying object relations. To give only one negative example, the inability of many schizophrenics to provide successfully for themselves, and to have the experience of ego strength, is based on the prohibitions and inabilities experienced with their first objects, and by their identification with these prohibitions and inabilities.

(ii) *Limitation of Reflective Awareness*

So far, we have only mentioned quantitative limitations of consciousness. I will now discuss qualitative changes visible in limitations of reflective awareness. I will use awareness as a synonym for consciousness, and define reflective awareness as the ability to observe one's own consciousness, particularly to reflect about the different forms of consciousness—for example, a door can be conscious as a percept, a memory, a hallucination, a dream, etc.

First, I must briefly outline relevant hypotheses: the baby is unable to differentiate between hallucination and perception, or between hallucination and memory, and probably has a minimum of reflective awareness. It first becomes aware of its own body as a percept, and this body ego is, according to Freud, the basis of our whole ego development. Only later does the child get a concept of himself as a perceiving and conscious subject, a concept of the *I* or mental self, and a concept of his different forms of consciousness, like perceiving, hallucination, etc. If the baby looks at its own hands, it is probably not at first aware of its looking activity, and its identity as the onlooker, but only of the emerging and disappearing hand. No reflective awareness is present, only consciousness of content. Later on, it becomes conscious of its own observing activity. This establishment of identity is heard in the difficulties children have in talking about themselves—to say ' I see ' and not ' Susan sees '. Whereas ' Susan ' represents the whole body, the ' I ' represents the concept of a perceiving subject *in* the body. The establishment of identity and reflective awareness is achieved at the same time as the establishment of the object (according to Piaget within the first two years of life) and is based on a stream of introjections of and identifications with and projections to the first object, usually the mother.

Rapaport writes: ' It is a commonplace that waking consciousness is characterized both by being aware of content and by the possibility of becoming aware of the fact of this awareness,' and he states that quantitative differences of this reflective awareness appear as qualitatively different states of consciousness, such as perception, memory, hallucination, dream, etc., and that in the common dream this reflective awareness is normally more or less missing. In a nightmare, reflective awareness appears sometimes, and we calm ourselves by thinking in the dream ' we are only dreaming '. But the dream is supposed to be similar in formation to the assumed primitive thinking of the baby in the form of hallucinations, and is a normal regression to an early form of ego function.

It seems that a severe disturbance of the mother-child relationship in the first two years delays the differentiation between self and the outer world, and the progress towards reflective awareness becomes more or less hampered, if not basically disturbed, and in addition, the possibility of later regression to a state of minimal reflective awareness is increased.

René Spitz's observations of the withdrawal of frustrated children's interest from the external world and perception support such theories, but everybody probably loses the ability to be reflectively aware in extreme states of instinctual tension, such as starvation, or extreme states of instinctual discharge, such as orgasm. Pathological examples are clearly observable in schizophrenics, where the partial regression to basic consciousness of content, with partial loss of reflective consciousness, occurs when hostile impulses against the mother and mother substitutes gain the upper hand.

The schizophrenic regresses not only to primitive instinctual behaviour like stool smearing, but also to primitive ego functioning and thinking, with a minimum of reflective awareness eventually. He may live with the wish for and the fantasy of lost or minimal reflective awareness, and after an acute psychotic episode has passed, and hostile impulses have decreased and non-psychotic relations with the physician have been re-created, he may report smilingly that he has observed his ' blow-up from a corner of his mind, and was aware all the time how crazily he was behaving.' This means that reflective awareness was still present to a certain degree, and his stated convictions of his delusions were partially a defensive pretence. There is no doubt that in more severe states he regresses completely to the first stages of mental life and is no longer able to observe his outbursts.

From these observations, I am inclined to conclude that the experience of frustration hopelessness and the pain due to his own hate causes the schizophrenic to try to discard the memories of the mother and the progress in ego development connected originally with the mother relationship.

We could also formulate this in another way—the ability to observe oneself and to form a concept of oneself as a perceiving subject is based on a successful introjection and successful preservation of the good mother. If this mother becomes hated and feared, the schizophrenic tries to eliminate the introject from his body and to project the hated introject on to some object who becomes the persecutor. With the elimination of the mother, he loses the ability to observe himself and to reflect upon himself to a variable degree.

In other words, reflective awareness is originally caused by the impact of outer reality. Reality forces the child to differentiate between hallucinations, fantasy, and the real gratifications of the external world. But external reality and the source of gratification are represented in the form of the first object—the mother—and as soon as no gratification is to be obtained from this object by the child—or the prepsychotic—there may be withdrawal from external objects, external reality, and reflective awareness, since a return to hallucinations gives temporarily more gratification. Parallel to this regression from secondary to primary process thinking, and the loss of ego boundaries, projection works pervasively and is no longer corrected by experiencing anaclitic object relations to any important degree.

The decisive developmental steps from primitive to reflective consciousness are passed through during the first two years of life; the period of oral dominance and the oral conflicts in schizophrenics are well known.

The hypotheses about the dependency of reflective awareness upon good object relations could be checked, first, by examining a series of hospital admissions of acute psychotic breakdowns; second, by the recording of successful therapeutic interviews, when the switch from the disturbed consciousness of the psychotic to normal reflective awareness should occur when a positive relationship to the therapist permits the reintrojection of the good object, and also the establishment of a positive object relationship to other persons. The hope of lasting good and satisfying relations then enables the patient to control his hostile impulses, and his primary processes of hallucination. Third, by provoking regression and loss of reflective awareness in improved schizophrenics by test situations of frustration, and, fourth, by the observation of the development of normal and disturbed children in connexion with their mother relationship. The difficulty of observing development of reflective awareness in small children is created by the fact that reflective awareness is mostly expressed in verbal description, but is established in children before they develop the ability of speech.

Conclusion

Consciousness depends upon the physiological conditions of maturation and perhaps upon myelinization of the nervous system, including, maybe, a drive for consciousness. The content of consciousness is made available only through perceptions, and represents patterns of gratification of instinctual drives, and the complications connected with gratification.

Essential conditions for consciousness of a percept are:

(*a*) A certain length of exposure to perceptions, or strength of stimulus.

(*b*) An agreeable significance of that which is perceived for the present state of the ego.

Consciousness can be enlarged or decreased by the influence of external persons on the balance between instinctual impulses and internal objects, a balance which is more or less controlled by the ego.

Anxiety caused by strong or contradictory impulses in the ego can create different effects—first, as a signal in the case of an efficient ego organization, progress towards greater awareness, greater interest in perception and greater consciousness of reality, such as—for example—the ' coming out ' of hypnosis or awakening from a nightmare.

Second, in the case of an inefficient or weak ego organization, regression to decreased consciousness, in particular, decreased reflected awareness, as, for example, in states of dependence or hypnosis, sleep, or psychotic phenomena. Nightmares may end in psychosis and not in awakening.

The first object relations influence the strength of the ego, and the qualitative development of the ego. They influence, or even condition, the appearance of reflective awareness which represents one difference between baby and adult, or normal and psychotic.

Changes of the breadth and content of consciousness and changes of the levels of reflective consciousness seem, therefore, to be determined by the interpersonal relationships of the past and present time. In this sense, we can say consciousness is a social construct.

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DREAM AND PSYCHOSIS: THEIR RELATIONSHIP TO HALLUCINATORY PROCESSES[1]

By

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A superficial comparison between the dream and the psychosis shows that these two processes have much in common. The events in the dream are hallucinated; primitive ego-mechanisms as well as the primary process prevail. Frequently, too, the dream-content is the same as the content of psychotic symptoms. The impression of similarity between the dream and the psychosis is increased by the fact that sometimes a psychosis begins with a dream, and not infrequently the psychotic patient makes no distinction between a dream and his psychotic symptom.

As we know, Freud tried to unravel psychotic symptoms by comparing them with examples from normal life which were well understood. For instance, the state of being in love, with its marked overestimation of the love object, threw light upon the overestimation of the ego in megalomania. He also compared the dream, the affect of mourning, and the affect of jealousy, with psychotic phenomena. The dream became a normal example of short duration of the pathological psychosis.

My question is whether such concepts can be maintained in view of the present metapsychological development. It is my opinion that the underlying conflicts of the so-called normal examples are not the same as the conflicts which give rise to psychotic symptoms. Notwithstanding a strong outward resemblance, the normal example has a completely different structure from that of the psychotic symptom. Thus a careful study of the normal example has to be made before a decision can be reached as to which feature, if any, of the normal example can be used for a comparison.

Let us turn first to the dream.

The ego, in order to sleep, tries to withdraw the cathexis from all provinces of the mind (2). The tendency towards sleep leads to a return to the primitive situation which we call today the ' undifferentiated state ' (Hartmann *et al.*). (Freud spoke of the ' as yet undifferentiated ego-id ') (5). This normal process is completely reversible: on waking up, the former state is restored.[3]

Difficulties arise when certain desires try either to maintain or to regain their cathexis and thus act as a stimulus to the ego either to stay awake or to end the sleep. Yet the ego, by forming a dream, has the possibility of escaping waking up. The ego tries to eliminate the disturbance by fulfilling, through hallucinations, the aim of the instinctual desires aroused. In so doing, the ego makes a compromise by giving in, although as little as possible, to these disturbing desires. Thus, in the dream, the ego, by functioning on a regressed hallucinatory level, tries to keep its own cathexis to a minimum. Yet frequently the situation in the dream becomes so conflicting that the ego has to resort to the signal of anxiety.

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[3] We are not informed *psychologically* about the state of dreamless sleep. Freud stressed that our information about sleep comes from the study of the dream. Dr Hartmann, in discussing this paper, asked: ' Where does the energy go when it is completely withdrawn?' To answer by saying that the withdrawn energy is kept suspended only hides our lack of knowledge.

In the hope of throwing further light upon this and related problems, we may follow with the question: how is this withdrawal accomplished? Indeed, the ego's nightly return to the undifferentiated state poses a problem that should be attacked from different angles, organically as well as psychologically. We may assume that the pleasure-pain principle, our guardian of life, directs the ego also in this nightly regression. The result is that, during sleep, the energetic charge of the psychic systems is kept on as low a level as possible. Perhaps certain successful sleeping-cures can offer a hint as to the normal function of sleep. The patient, by being kept asleep artificially, does not receive those stimuli from the outside world that have exerted such an unfavourable influence upon his inner conflicts. I have been especially impressed with the success which Dr Edward Harper has obtained in certain cases of ulcerative colitis by keeping the patients asleep. Thus we gain the impression that a rest of long duration enables the ego to recover its relative strength. It is possible that normal sleep affords the protection which the ego needs to maintain mastery over the various conflicts which are stirred up during waking life.

We may ask how the pleasure-pain principle succeeds in behaving so differently in waking life and in the state of sleep. If the hypothesis of the Nirvana principle has any value at all, it should prove its usefulness in its application to the sleeping state. We detect the influence of the Nirvana principle in the phenomenon that, during sleep, the energetic charge of the psychic systems is reduced to a minimum. Of course, the Nirvana principle is kept in check, for if this principle were to rule uncontrolled it would mean the end of life. Therefore the pleasure-pain principle uses the Nirvana principle in order to bring about the aforementioned result during sleep.

We shall want to study further the state of ego regression in the dream. The ego, by keeping the cathexis of its functions on as low a level as possible, is governed by the necessity of economizing.

In order to understand this ego regression better, we should consider certain aspects of early ego development, namely, the preverbal phase. Before speech is developed, conscious thinking can make use only of memories of observations of the outside world. Visual impressions from the outside world will be predominant. The meaning of the auditory ones will be much less important as long as the child's understanding of words is still so little advanced. The child expresses his feelings within the range of the pleasure-unpleasure scale.

Imagine, for a moment, that the child were able to communicate to us his thinking on that level. Not only would this type of communication be hampered by the lack of speech. A further difficulty would certainly also arise from the fact that this method of communication would be highly dependent upon the individual experiences of the child.

We need not stress the importance of the development of speech. Thinking is now able to go beyond its early limitations, and abstractions may next find expression through words. The well-developed language does not have the difficulty of being dependent upon individual experiences. Through language, people are able to convey complicated thought-processes to one another. Whereas in preverbal (conscious) thinking, visual images prevail, the more advanced type of thinking (verbal) is dominated by the use of words.

In the dream, the ego has to cope with thoughts which derive their power from unconscious drives. The ego must operate on a basis which requires the least possible amount of energy. It has to rely upon the primary process, for use of the secondary process would be synonymous with waking up. We see appearing in the foreground the use of images which were the contents of recent observations—the day-residue. Therefore, the ego has resumed a type of expression which was inherent in the preverbal state. Visual pictures prevail, and the spoken word, as Freud has stressed, is connected with words heard the previous day.

In contradistinction to the regressed level of the ego's expression, the various dream-thoughts are not on the level of the mind of the preverbal child. We know how complicated these thoughts are which have led up to the manifest dream. We must not lose from sight the fact that the ego deals with these complicated thoughts in this particular way in order to maintain the state of sleep. The urges which arise from the id, and which try to force the ego to open the gates to waking life, are brought to a halt by the ego. The ego achieves this through a wish-fulfilment. This fulfilment must take place in the present, in order to avoid waking up. The ego must exclude the outside world and therefore has to fulfil its wishes by means of hallucinations. The contents of these hallucinations are mostly derivatives of the day-residues.

In order to find a basis for the comparison of the dream with the psychosis, we may say that in the dream the unconscious instinctual demands form a drive back towards contact with reality, but that the ego tries to ward off this tendency by staying away from contact with reality. Thus, during sleep, the ego tries to keep the inner world separated from the outside world.

Turning our attention now to the psychosis, we may ask whether the structure of this pathological process follows the same pattern as in the dream. We want to know whether the ego's activity in the psychosis is comparable to its activity in the dream. We are especially curious to find out whether the ego's activity in the psychosis aims also at wish-fulfilment in a way similar to that which occurs in the dream.

Our experience has shown that the psychotic process consists of two consecutive phases. The first comprises the breaking down of the ego, which breakdown then leads to a withdrawal from reality. The second contains the results of an attempt at restitution, these results being psychotic symptoms such as delusions, hallucinations, catatonic symptoms, etc.

In the prepsychotic phase, the ego tries to ward off the instinctual drive which would cause a conflict with reality. This does not mean that this dangerous urge is then still always unconscious. Sometimes the ego, through its own defectiveness and not through higher insight, is already during the prepsychotic period uncannily conscious of the troublesome drive. We may remark that during the prepsychotic development either the ego tries to keep the instinctual drive repressed, or, if repression is no longer possible, the ego, using a wide range of various defences, then tries to prevent this drive from attaining its goal.

When the prepsychotic phase is further advanced, the ego is threatened with becoming divided by its conflicting interests. The ego still tries to maintain contact with reality. In that situation the ego may find support in warded-off instinctual drives which are striving to become satisfied in reality. On the one hand, these drives endanger the ego; on the other, they have in common with the ego the fact that they aim at contact with reality. Simultaneously, parts of the weakened ego are tempted to surrender to the direct sexual aims of the warded-off drives. Finally, the instinctual demands cannot be warded off successfully by the ego any longer. In order to eradicate the conflict, the ego withdraws from reality in the same way as in sleep, and thus a regression to the undifferentiated state occurs, which regression marks the beginning of the psychosis proper. We may say that during the prepsychotic phase the ego tries to ward off the urges from the id. In general, a clear distinction between ego and id is maintained, and the ego tries to cling to reality-testing.

I want to stress that those parts of the personality of the psychotic patient which are not involved in this conflict maintain their cathexis. Accordingly, at times when the conflict is not active, a psychotic patient may behave quite normally.

Once the break with reality has occurred, we observe the beginning of a completely new development. The undifferentiated state of that part of the mind which is involved brings with it a return to that very early period when the first contacts with reality are established. Thus our attention is drawn to the beginning of normal development. Governed by the pleasure-pain principle, the earliest reactions of what will later become the ego are such that everything which is pleasurable is connected with the self, and whatever is painful becomes outer world. Thus primary introjections and primary projections constitute the first attempt to differentiate between inner and outer world. Further experiences stimulate this ego *in statu nascendi* to exchange these primitive reactions for more complicated ones. Secondary introjections and secondary projections may then appear. These secondary ones, in contradistinction to the primary ones, are no longer primitive mechanisms for the purpose of establishing the initial relations with reality, but are already clearly ego defence mechanisms.

To illustrate this difference, let me give an example. A neurotic patient, through a secondary projection, may accuse somebody else of being a homosexual.[4] In doing so, this patient denies the existence of his own homosexual desires by attributing them to somebody else. Thus the neurotic patient does not lose his homosexual drive but keeps it warded off through secondary projection. We will do well to keep in mind that in the case of primary introjections and projections this division into an ego and repressed unconscious material does not yet exist. To repeat: there is merely a certain division between what is regarded as the self and what is regarded as belonging to the outer world.

Our next problem is: What distinguishes the psychotic state from the earliest level of child development? Conflicts force the ego, which then is still in a prepsychotic state, to sever its connexion with reality, and these same conflicts prevent the ego from returning to these reality relationships. In the psychosis proper, the situation changes. Through the regression to the undifferentiated state, the cathexis in the affected part of the personality is withdrawn from the ego functions, as well as from the warded-off instinctual drives belonging to the id. The ego, in its attempt at recovery, returns to the conflict that is causing the relinquishment of the ties with reality. The attempt at restitution works with the help of primary introjections and projections. This attempt no longer recathects the urge in its unconscious state but invests the energy in an outside object, which now becomes the persecutor. In the delusional system the persecutor becomes the originator of the urge which in the prepsychotic period still belonged to the unconscious. The patient now feels himself homosexually persecuted.

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[4] The character of homosexuality in perversions and in neuroses differs from that of the homosexual drives which play such an important role in the development of schizophrenia. In perversions, and likewise in the neuroses, homosexuality may have strong roots in the pre-oedipal development but nevertheless assumes its final form only in relation to the Oedipus complex. The pathogenetic form of homosexuality in schizophrenia does not bear such a relation to the Oedipus complex. In that part of the personality which is involved in the psychotic process, the oedipal complex has already lost its cathexis in the very beginning of the prepsychotic development (7).

The psychotic ego falls back upon the very early processes of primary introjections and primary projections in order to use them as tools to establish the new reality. That part of the ego which is involved in this new psychotic reality has no contact whatsoever with objective reality. Therefore the reasons why the psychotic ego uses these early processes are different from the reasons existing in early life. In that early state, these processes, primitive as they were, nevertheless marked the beginning of reality-testing. In early childhood a cathected outer world did not yet exist. Therefore there were no conflicts with this outer world, and the ego could not be held back from further development towards reality-testing. In the psychosis, the ego applies these primary projections and primary introjections not in order to return to objective reality but in order to stay away from it.

Both in early development and in the psychosis proper, the warded-off belongs to the outside world. However, in early development, there is *not yet* a clear distinction between ego and id; in the psychosis proper, this distinction is lost and cannot be recovered.

The latter fact is responsible for this important difference between the psychosis proper and the phase of early development. For the disappearance of the ego—again, in so far as it is involved in this conflict—means that the function of reality-testing is lost. Accordingly, *no correction based upon reality considerations can take place.* As a result, the delusion has reality value to the patient.[5]

We shall do well to distinguish between the loss of reality-testing and the loss of contact with reality. Under neurotic conditions, there is always a certain disturbance in the contact with reality, but there is no loss of reality-testing. For instance, a neurotic patient may withdraw from contact with other persons, yet his testing of reality will be intact.

When Freud wrote his article ‘ The Loss of Reality in Neurosis and Psychosis ’ (4), he did not distinguish between these two concepts. He thought that the loss of reality in the psychosis occurred first, and was then followed by psychotic symptom formation. In the neurosis, the ego, in order to continue its contact with reality—that is, in the interests of reality—had to ward off various conflicts. As a result of this struggle, the ego then secondarily, to a greater or lesser degree, had to give up certain relationships with reality. Thus, in contradistinction to the psychotic process, in the neurosis the loss of reality appeared to be the end-result. At that time there were compelling reasons why Freud came to this conclusion. In order not to stray too far from my present theme, I want only to point out one fact: Freud had not yet started to focus upon the metapsychology of the danger situation and therefore could avoid this crucial issue.

We have to focus more sharply also upon the difference between the prepsychotic phase and the psychosis proper. With the regression to the undifferentiated state, the prepsychotic phase comes to an end. Yet I have already mentioned that a part of the personality does not participate in this deep regression. In this part, the non-psychotic ego has obtained relief through the preceding transformation of dangerous instinctual energy into psychotic symptoms. The non-psychotic ego goes on warding off urges from the id. This non-psychotic ego, for instance, may still use secondary projection as a defence. Accordingly, the non-psychotic ego may still ward off awareness of its own homosexuality by accusing somebody else of homosexuality. This latter accusation is not of the order of the delusion. This fact leads to a very complicated situation. This non-psychotic accusation of somebody else may be present simultaneously with the delusional accusation. These two types of accusations then overlap.[6]

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[5] This feature of uncorrectibility is not confined to the psychosis. We find a great variety of uncorrectible ideas in people who certainly are not psychotic. To mention just a few. There are a group of people who try to prove the impossible; their aims go contrary to results well founded on mathematics or physics. To this group, for instance, belong those who, with great effort, try to square the circle. Although such persons lack a scientific conception of the subject, the main reason for their behaviour lies in their ego-structure. They deny the validity of the scientific results. They do this in order to maintain their beliefs, which result from one or another form of defence. Further, there are those individuals who cling to their superstitions and prejudices for reasons similar to those just mentioned.

Thus, in my view, the structure of these ideas is different from the structure of the delusion. Clinically, the two are different. The delusion is self-evident to the patient, whereas the non-psychotic person tries to prove that he is right. As already mentioned, this latter group try to exclude any contradictory evidence from their consideration. Thus we may conclude that in the delusion the factor of uncorrectibility results from the withdrawal of cathexis, whereas the uncorrectibility of the non-psychotic ideas is mainly sustained by the ego-defence of denial.

These considerations stress the difference between withdrawal of cathexis, a process which is responsible for the loss of reality-testing, and denial. The latter is an ego defence, which mechanism, in my opinion, is never responsible for the outbreak of a psychosis, for it never leads to a withdrawal of cathexis.

If we observe a sequence of events where denial is followed by the loss of reality-testing, then, according to my explanation, denial has been applied in vain. For in certain stages of the prepsychotic development, the ego, through denial, tries to diminish the conflict that threatens to force the ego to relinquish its ties with reality. If a psychosis still sets in, then the ego, notwithstanding the use of denial, has been unable to ward off the psychosis. Thus my viewpoint is opposed to such viewpoints as that defended by Robert Waelder in his article ‘ The Structure of Paranoid Ideas ’ (9).

This subject also touches upon the problem of paranoia, where we find a certain rationalization of delusional beliefs. It would lead too far from the comparison of dream and psychosis for me to digress further, but I hope to make this point the subject of a separate study.

An increase in the relative strength of the non-psychotic ego will make it possible to diminish the amount of energy that will have to be transformed into psychotic symptoms. Conversely, a decrease in ego strength will lead to the opposite result. Thus the balance between the non-psychotic and the psychotic part of the ego can change from moment to moment. If the non-psychotic part is again able to cope fully with the conflict, the patient will have recovered from his psychosis. Thus we may conclude that in both phases of the psychosis, the ego either strives to defend its ties with reality or, by forming psychotic symptoms, strives, although in vain, to re-establish the lost relationship.

In view of the important role which the hallucination plays in the dream, we shall want to gather certain facts about the hallucination as a pathological symptom. Hallucinations occur not only in schizophrenia (and other psychoses) but also in hysteria. Should we conceive of the hallucination as a symptom, the structure of which is always the same—a symptom which various illnesses have in common? To do so would be an easy way out.

There are compelling clinical and theoretical reasons, however, for separating the hysterical from the psychotic hallucination. They are already different clinically. When the hysterical patient becomes the prey of an emotion, he may hallucinate. But as soon as the emotion has disappeared, the hysteric generally regains insight and regards his hallucination merely as a symptom. The schizophrenic behaves differently. Even if, as sometimes happens, he is no longer convinced of the truth of the content of his hallucination, he still does not acquire any insight into the pathological character of his observation.

Theory demands that our concept of the structure of the hysterical hallucination must fit into the framework of hysteria. In the same way, the structural concept of the schizophrenic hallucination must correspond with our ideas about schizophrenic symptoms in general. I want to use a very simple example of a hysterical hallucination. A patient once told me that his grandmother, who had been living with the family, died one summer evening rather unexpectedly. The next evening he became very frightened because the maid came running down the stairs screaming with anxiety. She had heard clearly the grandmother's voice calling out to her, ' Jeanne, hurry up!', which command was repeated by the voice three times. Although I know of this incident only through my patient, I still think that at least a superficial explanation is possible. The grandmother had ruled the maid with an iron hand. Once the grandmother was dead and the girl could relax and enjoy the knowledge that the old woman was no longer about, the superego intervened. Under the influence of her feelings of guilt, the maid hallucinated the words which she had heard so frequently from the grandmother.

We may borrow another example, this time from *The Interpretation of Dreams*. A 12-year-old boy could not fall asleep because he was too upset by visions of ' green faces with red eyes '. His visions pictured another boy whom he had seen four years ago; this boy was the horrifying example of various offences, among them masturbation. The patient's mother had remarked that this naughty boy had a green face and red (i.e. red-rimmed) eyes. Such boys would become stupid, could not learn anything at school, and would soon die, his mother had added. When Freud's little patient felt guilty about his own masturbation, the faces appeared. Such hysterical hallucinations may already appear in infancy when the child's superego is not yet firmly established and he is afraid that a parent will discover his masturbation, which results from his oedipal wishes.

From such experiences we may assume that the hysterical hallucination has its roots in infancy. Still this fact does not explain why the ego does not react with an attack of castration anxiety, for instance, instead of with a hallucination. We may express the same problem by asking: What forces the ego to regress further towards the hallucinatory phase? This regression certainly proves that the ego is very weak in relation to the danger which confronts it, because at least for the duration of the hallucination the ego must abandon its normal reality-testing.

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[6] Freud for the first time pointed to the overlapping of different layers in ' Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality ' (3).

Our simple examples point to a danger arising from strong feelings of guilt. Next, we conclude that these guilt-feelings consume the ego to such an extent that it relinquishes its ties with reality and regresses. Through this regression, a situation is created in which the ego is able to react with a hallucination. The content of the hallucination is related to an anxiety-arousing memory. We may assume that the memory contains elements of the infantile situation.

Sometimes the content of the hysterical hallucination lacks this anxiety-arousing quality absolutely. In such cases, the ego wards off this feature successfully, and the content now appears to be quite harmless. On the other hand, there are hysterical hallucinations in which id material penetrates into the content. This brings up the problem of whether this type of hysterical hallucination leads to a discharge of id energy. To further the discussion of this problem, we will do best to differentiate between the function of the hallucination and its content. The ego uses the function of the hallucination as a defence. Therefore, even if the ego is unable to exclude the id from being represented in the content, the defensive character of the hysterical hallucination is nevertheless maintained. For whatever of the id energy is discharged through the content, the ego, by confining it within the boundaries of the hallucination, prevents this content from establishing direct contact with reality.

I know how superficial my remarks are. I have not had the opportunity of studying hysterical hallucinations for the last ten years. Superficial as my explanation may be, however, I think we may still draw a conclusion: the ego of the neurotic uses the hallucination as a defence comparable to the use of the signal of anxiety. As a result, forbidden wishes are brought to a halt. The hysterical hallucination is therefore applied by the ego in the service of reality.

Next, I want to consider a point of primary importance. I have emphasized strongly that the regression of the ego is essential to the formation of the hallucination. This regression presumably comprises only a part of the ego and is only temporary. Yet this regression is confined to the ego and consequently has no effect upon the cathexis of the warded-off urges of the id. A regression to the undifferentiated state, as in schizophrenia, does not take place.

The occurrence of the hysterical hallucination as an ego defence is in accordance with other hysterical defences. For instance, if certain motility or sensory functions are secondarily sexualized, the ego may relinquish these functions, and as a result conversion symptoms are formed. The ego in this way prevents the id from having any further effect.

For our understanding, it is well to emphasize that the relinquishing of a sensory function is not a hallucination with a negative content. There is simply no observation made. An example of a hysterical hallucination with a negative content is the Wolf Man's observation at a certain moment that he has only four fingers on one hand. In the content, something is missing which is there in reality.

In the hysterical hallucination, as well as in the conversion symptoms just mentioned, the ego starts out by being too weak. Yet in both cases the ego secondarily is still successful in exercising control over the id. This can happen, however, only at an enormous sacrifice. In the one type of symptom, the ego gives up its sexualized function. In the other type, it uses a hallucination instead of its function, which is too weak to ward off the id impulse. Therefore we may regard the hysterical hallucination as being of the same order as a conversion symptom. Similarly, the ego may withdraw its cathexis from a threatening danger and lose consciousness.

The schizophrenic hallucination is our next topic of discussion. I have already mentioned that our explanation of this type of hallucination should be in accordance with our explanation of other schizophrenic symptoms. The schizophrenic hallucination is of the order of the delusion and is therefore the result of a psychotic attempt at restitution. In order to be brief, I will repeat only the results of two of my previous publications on hallucinations. The ego anticipates the danger which would arise if an instinctual drive in the id were to become so strong that it would overwhelm the ego. The ego does not wait until this danger has fully developed, but promptly withdraws the energy from the instinctual drive and from that part of the ego which is willing to surrender to the drive. This means that that part of the personality which is involved in this process regresses to the undifferentiated state. The energy which has become available through this regression is used in the attempt at restitution to form the hallucination. Thus, especially *instinctual energy which could create a danger is discharged through the formation of a* *hallucination. The schizophrenic hallucination is a process of discharge* ' (6).

In this respect I will cite two previous conclusions (7).

The ego, in anticipation of a danger by which it would be overwhelmed, forms a hallucination. Through this formation of a psychotic symptom of brief duration, the ego attempts to discharge the energy of the dangerous urge and in this way to eliminate the danger. This newly acquired insight enables us to draw a paradoxical-sounding conclusion: in order to remain in contact with reality, the ego relinquishes this contact for a short time, during which the ego forms a psychotic symptom.

Second, we may also point to the difference between a hallucination and a delusion. In the hallucination, the ego anticipates the danger; whereas in the delusion the ego could not prevent the danger from occurring. The delusion is the result of the ego's attempt to repair the damage. Here, too, we may formulate our finding: the ego, through the formation of a hallucination, prevents the development of a delusion with the same content as the hallucination.

Thus, in my opinion, a conspicuous difference exists between the hysterical and the schizophrenic hallucination. The hysterical hallucination is formed out of the energy derived from a regression of a part of the ego. The ego uses this type of hallucination to maintain control over dangerous drives. Its function is an inhibiting one. The schizophrenic hallucination, however, is a discharge process. The discharged energy stems mainly from the id! To repeat: the ego accounts for the energy necessary for the formation of the hysterical hallucination, whereas the id pays for the schizophrenic hallucination.

We have gradually gathered enough material to make possible a comparison between the dream and the psychosis. When we studied the psychosis, we found an unexpected complication arising from the fact that the psychotic process consists of two consecutive phases. Once the psychosis is developed, these two phases become overlapping. Does the dream have a development comparable to the psychotic development?

For the dream to occur, it is necessary that certain wishes which derive their strength from unconscious sources resist relinquishing their cathexis upon falling asleep. The same situation arises during sleep when such wishes, after first having lost their cathexis, regain it. The ego then has to cope with these wishes through dream-formation. The ego in the prepsychotic phase and the ego in the dream each have to ward off id instincts. The dream, in fact, should therefore be comparable only to the prepsychotic phase, during which the withdrawal from reality takes place. This conclusion would remove the dream completely from the sphere of the psychosis proper. The difference between the dream and the prepsychotic phase would then be mainly that the ego in the dream wants to stay away from reality as much as possible, whereas the prepsychotic ego puts up desperate efforts to maintain its contact with reality.

Our problem, however, is not so easy to solve. Although dream and prepsychotic state seem to concur in structure, nevertheless the ego of the dreamer behaves quite unrealistically and acquires through this behaviour great similarity with the psychotic ego. We discover that they have a factor in common. The dream-ego does not want to return to objective reality; in contradistinction to the dream-ego's aim, the ego of the psychotic would like to return to reality but is unable to do so. The psychotic lives in a subjective, completely unrealistic world. Thus the dream-ego does not want to return, and the psychotic ego cannot return, to normal reality. Correspondence in this point gives these two egos an appearance of similarity, which is likely to lead us astray. For, in my opinion, the ego in the dream is basically completely different from the ego in the psychosis.

To begin with, the cause of the dream is different from the cause of the psychosis. In the dream, the ego has to keep its level of cathexis as low as possible; it is governed by the principle of economy in order to protect the sleep. The withdrawal of cathexis can easily be reversed: the ego has only to wake up in order for this reversal to take place. The psychosis occurs in waking life. The regression does not result from the pressure of the principle of economy. Danger arising from conflicts forces the ego to regress.

The ego of the dreamer is directed by the healthy wish to stay asleep in order to rest, and there is no conflict which prevents the ego from returning to reality. In the psychosis, the conflict which forces the ego to sever its ties with reality prevents a return to reality.

In the dream, the ego regresses to a state in which the manner of expression is on a preverbal level and in which the ego attempts to fulfil its needs through hallucinations. In the psychosis proper, the ego has regressed much further. The regression goes back to the undifferentiated state.

What we observe of ego-activity—I do not mean the ego of the prepsychotic state, but the ego in the psychosis proper—is the result of the attempt at restitution. The ego is unable to return to normal reality and has to resort to its individual delusional reality.

The latter situation brings up the problem of narcissism. In the dream, the ego behaves narcissistically; it occupies the centre. Compared with the other objects in the dream, the ego overestimates itself. This fact is in perfect accord with the regression of the ego to a phase of early infancy. The infant thinks himself the most important object. Yet the state of narcissism is not absolute. A part of the libido is already invested in the objects within the child's environment. In the psychosis, however, the regression toward the undifferentiated state leads to a narcissism that is absolute. Through the attempt at restitution, a new world is formed in which the objects represent the recathected parts of the patient's own personality. Thus the attempt at restitution does not change the state of absolute narcissism.

We have already pointed out that in the dream the ego wants to stay away from reality. When instinctual demands arise, the ego, through the process of wish-fulfilment, tries to cope with these disturbing factors. This point brings us to the question of whether the ego in the psychosis, in its attempt to return to reality, is applying also a process of wish-fulfilment. The explanation would then, of course, run as follows: the wishes cannot be fulfilled in normal life, and therefore fulfilment can occur only in delusional reality. In my opinion, however, experience points to a different solution. The psychotic attempt at restitution copes with the conflict that caused the breaking off of the ties with reality. This conflict is now mastered by unrealistic means. Dangerous urges are projected; in the delusion, these urges no longer threaten the ego from within but have to be fought in the outer world. Therefore, in the psychosis, the wish-fulfilling tendency which is so characteristic of the dream is completely lacking.

In the dream, the hallucinatory process dominates the situation. It gives the dream the appearance of being a psychosis of short duration. We may describe the function of this hallucinatory process as one of delay. In that way the ego tries to postpone waking up. The hallucinations in the dream are certainly not processes of discharge and therefore do not possess the structure of the schizophrenic hallucination. The dream-hallucination is different from the hysterical hallucination. However, the two hallucinations have one factor in common: the ego tries to maintain control over instinctual drives that are striving to break through to consciousness.

In the dream, powerful stimuli try to force the ego to wake up. My description of the ego defending itself on a regressive level against these stimuli has indeed been extremely incomplete. Fantasy life now offers the ego an unlimited source of material to choose from. The dream-ego behaves in this unrealistic manner in order to perform a delaying action: it tries to postpone the waking up. The ego of the psychotic does not fight such a delaying action. It tries to master its conflicts by unrealistic means because its realistic means have been exhausted. The attempt at recovery leads to a reality of a purely delusional nature. Through this attempt, the psychotic ego may create the impression of having a relationship with reality. However, as Freud pointed out long ago, this attempt hides the fact that actually nothing of the kind exists (1).

The dream-ego and the psychotic ego seem to approach each other from two different points of departure, and to meet half-way. Yet a conspicuous difference remains. The delaying action of the one and the psychotic attempt of the other at mastery of the conflicts are still too far apart; they can achieve no more than a superficial appearance of similarity.

The content of the dream and the content of psychotic symptoms may, however, be the same. We have no way of determining solely from the content whether it belongs to a dream or to a psychosis.

This similarity of content needs further discussion. In regard to the psychosis, we may say that traumatic events from early childhood on up to the present time have had a damaging effect upon the ego and have therefore contributed to its weakening. In combination with other factors, mostly of an organic nature, these traumata play an important role in the cause of the psychosis. Thus we see that the conflict, which in the final phase of the prepsychotic development leads to a severing of the ties with reality, has been preceded by many other conflicts, starting already at a very early age. Accordingly, when the ego's psychotic attempt at restitution sets in, we sometimes observe that the ego not only tries to solve the final conflict but attempts to find a solution for these earlier conflicts as well. This attitude explains why frequently in the psychosis the entire past becomes freshly elaborated from a delusional viewpoint. The attempt at restitution applies the primary process in order to accomplish these results. Needless to say, in this manner a delusional content is created which is not distinguishable from the content of a dream.

We find that dreams, as well as psychotic symptoms, may contain elaborations of childhood traumata. The state of sleep facilitates the return of the repressed in the dream.

At this point we meet again with the difference in mechanisms in the formation of the dream versus the formation of the psychotic symptom. In the psychosis, the ego tries to undo the undifferentiated state, which state by definition does not contain any cathected memories. Therefore, in psychotic symptoms, no recollections of childhood traumata can be elaborated as a result of the return of the repressed. It is the ego's attempt at restitution which recathects the conflict originating from the infantile situation. Thus, the memory of infantile traumatic events makes its influence felt in the content of the psychotic symptom not by force of the unconscious but, surprisingly, by force of the psychotic ego!

Our next question is whether, when the psychotic patient dreams, his dreams are different from those of the normal person. Like anyone else, the psychotic has to withdraw his cathexis in order to sleep. No conflict forces him to do so. But, in waking life, the psychotic must accomplish this withdrawal in order to eradicate the dangerous conflict. Therefore, he is much better off when asleep than when awake. In his dreams, he may return to relationships which would be impossible for him to maintain in waking hours. In the dream, the psychotic is in the same state of mind as any other person. But, whereas the psychotic dwells on a higher level in the dream than he is able to maintain in his psychosis, the normal person in his dreams steps down to this level.

In the first paragraph I mentioned psychoses which begin with a dream. I remember a man in his late sixties who dreamed that his 3-year-old grandson had died. Upon waking up, he went in the greatest anxiety to the window and saw the child playing out in the yard. Notwithstanding the reassurance of this observation, he did not calm down but within a very short time had to be institutionalized with an incurable melancholia. It is clear that the reassurance of reality was not sufficient to remove the conflict which was present in the dream. We may assume that his melancholic delusions were the result of the struggle of his ego with these conflicts.

We find another example mentioned by Schreber. After his appointment as Senatspräsident, he dreamed a number of times that his previous illness had returned; this made him as unhappy during the dream as he was happy upon awakening to find that it had been only a dream. We see the same need in Schreber for reassurance from the reality situation as in the melancholic patient. Fortunately, we possess additional material about Schreber's dream. One morning during this same period—Schreber could not remember whether he was still half asleep or already awake—the idea occurred to him how wonderful it would be to be a woman submitting to intercourse. This thought was so foreign to Schreber that he would have rejected it if he had been fully conscious. In view of his later experiences, he could not deny the possibility that external influences had caused this idea.

I quote this dream because, in my opinion, it contains a demonstration of how Schreber's ego, during the prepsychotic period, was subjected to conflicting desires. Through his previous illness, Schreber had been able to ward off his wish to be a woman. The dream-content does not express any tendency to struggle with his femininity. The return of the illness seems the only possibility of erecting a defence in the present situation. Therefore, one part of the ego seems to be inclined to yield to the illness. Another part is responsible for Schreber's happiness, upon awakening, that it had been only a dream; this part of his ego was the bearer of the wish, ' I hope I can stay normal and won't have to become ill again in order to master my dangerous femininity '. It is evident that this conflicting attitude of the ego is a bad omen.

Using such examples as a basis, we may expand our theory and assume that every initial dream which is emphasized by the patient as the starting-point of his psychosis still contains the wish to be able to prevent the outbreak of a psychosis. Of course, the wish-fulfilment in the dream does not have to correspond with the events of waking life. Upon awakening, the patient may discover that his ego is no longer able to master the situation by reality means. The wish in the dream was the last barricade which the ego could erect against the oncoming psychosis.

Another example requires our attention. A patient with a persecutory delusion may have an anxiety dream that he is being chased by a bull (1). Thus the persecution is present in the content of the delusion as well as in the content of the dream. Here we may apply the explanation which we have already previously discussed. The dream and the delusion may have a similar content, but their structures are different. In the dream, the persecution is of the nature of a secondary projection; the wish-fulfilment serves to keep the patient's own homosexuality unconscious. Thus the dream expresses the patient's desire to master the homosexual drive by reality means. Yet the patient is unable to extend his mastery also into waking life, but must rely here upon the psychotic defence of delusion formation.

I want to conclude this paper with a short discussion of the dream that becomes a part of a delusion. The few times that we are able to acquire insight into such dreams brings forth the conviction that this type of dream has a special function.

Let us take an example from Schreber. Schreber thought that Flechsig had started to persecute him after he (Flechsig) was informed, *through dreams*, about the relationship between Schreber and God. Flechsig used this information to his own advantage. This relationship between Schreber and God was the basis of Schreber's homosexual attraction to Flechsig and to other men, which attraction was partially warded off in his initial dream that the illness had returned.[7] Thus Flechsig's dreams are the projection of Schreber's own initial dreams.

The manner in which Schreber himself received his knowledge that Flechsig's abuse was based upon dreams is very interesting. Schreber formed a hypothesis to explain the events; on another occasion he spoke of receiving his ideas through suspicions and conjectures, or through divine revelations. But, to us, such hypotheses, conjectures, and revelations are *Schreber's further associations to the dreams*, through which associations he made certain facts conscious in the form of delusions. To my surprise, I was able to reconstruct from these delusional ideas important childhood memories about Schreber's relationship with his brother.[8]

This result permits us to draw the conclusion that childhood memories were elaborated in Schreber's dreams.[9] Under normal circumstances, his associations would eventually have ended with these memories becoming conscious. However, something else took place: the ego used the attempt at restitution to deal with this associated material, and this latter function transformed the unconscious memories into delusional contents instead.

We may ask the question whether this peculiar type of dream should be differentiated from the dreams of normal persons. In order to formulate our answer, let us be very clear about our finding that our results corroborate the old Freudian thesis that ' the dream forms the royal road to the unconscious '. Accordingly, this dream, which appears to be so very different, has still the same basic structure as any other dream. What gave Schreber's dream this peculiar appearance was the fact that Schreber's thought-associations were used in the delusion formation. In this way the dream served as the vehicle for placing infantile material at the disposal of the psychotic attempt at restitution.

Dreams and psychotic symptoms both belong to the offspring of the human mind. Frequently they behave as if they were identical twins, but even so, recent studies have strongly emphasized the difference in their egos despite the striking outward similarity. It is always our task to protect the individuality of each separate offspring. The result is this paper. It is a provisional attempt to differentiate between the process of the dream and the process of the psychosis.

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[7] See succeeding footnote.

[8] M. Katan, ' Schreber's Hereafter ' (8). Through analysis of Schreber's 'associations to the dreams', I drew the conclusion that his father's peculiar upbringing strongly excited Schreber as a little child. Flechsig represents his 3-year-older brother who tried to seduce him homosexually. On the basis of the sexuality aroused by the father's treatment, the brother gained a very strong influence over the child. This homosexual attachment to his brother is extensively elaborated in Schreber's delusional ideas pertaining to the persecutions by Flechsig.

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THE BACKGROUND OF SAFETY[1]

By

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Freud distinguished, in *Inhibitions, Symptoms and Anxiety* (8), between the experience of trauma and that of danger. In the traumatic situation the ego is helplessly exposed to quantities of excitation which cannot be discharged or in any way controlled. Situations of danger, on the other hand, are those in which the ego anticipates a situation which it cannot master, which is potentially traumatic. The experience of trauma, that is of helplessness, is the same no matter what the source of the uncontrollable excitation may be, and in the course of development highly specialized methods are evolved whereby traumatic excitation, the threat of trauma implicit in the danger situation, and the correlated affect of anxiety may be avoided. The source of potentially traumatic excitation may be the id or stimulation of the sense organs. In the earliest undifferentiated[2] phase of development, however, no distinction is made by the infant between excitations arising from different sources.

Some of the techniques which the ego develops for dealing with potentially traumatic excitation have been studied in detail, in particular the mechanisms of defence. Yet all the functions of the ego which subserve adaptation, including those of the conflict-free sphere (9), can be considered as being directed towards the mastery of excitation. I want to single out for discussion one, from some points of view the most important, of the ego's functions through which the ego controls and contains excitation which might otherwise be traumatic. I refer to the process of *perception* whereby unorganized sensations arising from the various sense organs are transformed into organized and structured perceptions. The development of a primitive capacity for perception must clearly precede the differentiation of situations of danger from the experience of trauma.

I should like at this point to summarize my thesis very briefly by saying that the act of perception is a very positive one, and not at all the passive reflection in the ego of stimulation arising from the sense-organs; that the act of perception is an act of ego-mastery through which the ego copes with the excitation, that is with unorganized sense data, and is thus protected from being traumatically overwhelmed; that the successful act of perception is an act of integration which is accompanied by a definite *feeling of safety*—a feeling so much a part of us that we take it for granted as a background to our everyday experience; that this feeling of safety is more than a simple absence of discomfort or anxiety, but a very definite feeling quality within the ego; that we can further regard much of ordinary everyday behaviour as being a means of maintaining a minimum level of safety-feeling; and that much normal behaviour as well as many clinical phenomena (such as certain types of psychotic behaviour and the addictions) can be more fully understood in terms of the ego's attempts to *preserve* this level of safety.

Following from this I want to put forward, without considering it in detail, the notion of a *safety-principle* which mediates the development of the reality-principle from the pleasure-principle.

It will be remembered that Freud described his view of the perceptual apparatus in his paper on ' The Mystic Writing Pad ' (6) where he differentiated ' an external protective shield against stimuli ', the ' surface behind it which receives the stimuli, namely the system Pcpt.-Cs.', and the memory systems which lie behind that, and which permanently record traces of the excitation. In *Beyond the Pleasure Principle* (5) Freud suggested that perception was not in fact an altogether passive process, and he returns to this suggestion in the ‘ writing pad ’ paper and in his paper on Negation (7). Evidence collected over the past 20 or 30 years, particularly from the work of experimental psychologists, fully substantiates the idea that perception is a very active ego-process, a part of the ego’s essentially integrative activity. It seems clear that there is a very real qualitative difference between incoming sensory stimulation which has passed the external protective barrier, and the percept which we actively construct to modify and confine the sensory excitation. Perception need not, moreover, be tied to states of consciousness, and we can speak of preconscious as well as of unconscious perception.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] Hoffer has suggested that ' differentiating state ' is a more appropriate description of this early state than ' undifferentiated state '.

We know that the act of perceiving constitutes an attempt to add ‘ meaning ’ to incoming excitation: meaning, that is, in terms of past experience and future activity. We know, too, that instinctual drives and the ideas attached to them (so-called ‘ unconscious phantasy ’) can substantially modify the form and content of our perceptions; that unpleasant and threatening cues can be suppressed and incongruities overlooked in the act of perception.

We can conclude therefore that it is not only variation in the quantity of cathexis which modifies the incoming excitation (as described by Freud in his paper on ‘ Negation ’), but there is also a *qualitative organizing component*, related to instinctual wishes, to past memories, and to the whole body of organized concepts and schemata built up within the ego, and constituting an internal frame of reference by which the outside world is assessed. This frame of reference is essential to all perception, and its formation is a necessary basis, for example, for successful distinction between ‘self ’ and ‘ not-self ’.

It seems that the central feature of the perceptual process is that it attempts to organize and structure the incoming data from the sense-organs. In this the ego deals with incoming stimulation in exactly the same way as it modifies latent dream thoughts and transforms them into manifest content. *There is a ‘ perception work ’ corresponding to the ‘ dream work ’*. Indeed, this need not surprise us if we consider that the distinction between the various sources of excitation, between drive excitation and excitation from the real world, is only painstakingly built up in the infant over months and years. That our adult perceptions refer so strikingly to the outside world (I include here the body as part of the outside world), while the demands of the id are not so clearly differentiated, is a result of the necessity during development to abandon the pleasure-principle in favour of the reality-principle, and the consequent need for reality-testing.

When we speak of the cathexis of the external world, or of objects in that world, we mean the cathexis of representations within the ego, representations that have been built up by successive experiences of the real world; experiences, however, which represent reality as distorted by the child’s intellectual limitations, by his memories, wishes, and defence mechanisms. As the child matures, and with successful reality-testing, perceptions can be assumed to provide a more and more accurate rendering of real events.

We know, particularly from the work of Piaget, that the young child’s perception of its body and of the external world is distorted not only by his needs and phantasies but also by his inadequately developed frame of reference, a frame of reference through whose use sensations are modified into perceptions. The development of the capacity for more refined and valid perceptions goes hand in hand with the development of more accurate reality-testing.

We can speak of a successful act of sensory integration as one in which excitation (I speak now of stimulation from any source, from the id or the outer world) is smoothly and effectively dealt with by the ego. I want to suggest that such successful sensory integration is not only accompanied by anxiety-reduction, but also contributes to a background feeling within the ego, a feeling which can be referred to as one of safety or perhaps of security. I want to stress the positive character of this feeling (which need not, of course, be conscious). It is a feeling which bears the same relation to anxiety as the positive body state of satiation and contentment bears to instinctual tension. Genetically, this feeling must be a derivative of the earliest experiences of tension and satisfaction. It is a feeling of well-being, a sort of ego-tone. It is more than the mere absence of anxiety, and reflects, I believe, some fundamental quality of living matter which distinguishes it from the inanimate. It is a quality of feeling which we can oppose to the affect of anxiety, representing in a sense its polar opposite.[3]

This concept of safety-feeling is not, I believe, identical with Federn’s concept of ego-feeling, though it may be related to it. The feeling of safety is not connected *a priori* with ego-boundaries or with the consciousness of self, but develops from an integral part of primary narcissistic experience, and must exist in rudimentary form from the time of the earliest experiences of need-satisfaction. Later, of course, it becomes attached to different ego-activities and structures, and to mental content, and we can postulate safety-signals in the same way as we do signals of anxiety. These safety-signals are related to such things as the awareness of being protected; for example by the reassuring presence of the mother. I refer only to a simple background feeling which can be compared to a level of tonus in a resting muscle, and which is as different from atonic feelings of death and emptiness as a healthy muscle is from a denervated one.

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[3] The relation between safety-feeling and narcissism is, of course, of much interest, but I am not able to take it up here.

I have stressed the positive aspect of this feeling, and its existence as a sort of constant affective background to all our experience. It is normally maintained through regular and effective handling of quantities of incoming excitation by the ego, a process which becomes increasingly automatic as time goes on, but which retains its active character throughout. In sleep, disturbing stimuli from any source may be dealt with by the dream-work, and in this sense we can regard the dream not only as the guardian of sleep, but also as a perceptual mechanism whereby the level of safety-feeling within the ego is maintained.

At any given moment we are all dealing, in a smooth and integrative way, with the results of stimuli impinging on us from all sides, for example those arising from the proprioceptors which give us unconscious, or preconscious, information about our posture. This incoming excitation is all organized and dealt with, and we tend only to become aware of it when the sense data do not correspond to our experience and expectation, as when we step into a hole in the dark. We then experience a momentary trauma, and a reduction in the level of safety-feeling. Normally, however, the experience of our senses is in harmony with what we expect on the basis of our mental model of the external world, with our psychic schemata or frames of reference, and our experience coincides with our expectations.[4]

Now trauma, danger, and anxiety, deriving from any source, can reduce the safety level. It would seem that in taking appropriate action resulting in a reduction of anxiety, the ego also heightens the level of safety-feeling. This leads us to an important theoretical step, which is, I believe, thoroughly substantiated by experience. In addition to directly defensive activity aimed at the reduction of anxiety, the ego will attempt to counterbalance the anxiety, so to speak, by heightening the safety level by whatever techniques it has at its disposal. Perhaps the most convenient way of heightening safety-feeling is through the modification and control of perception, and I should like to describe a few of the ways in which this can take place.

The classification of these techniques of controlling perception is a fascinating topic in itself, but I will only mention here that these methods of perceptual modification seem to fall into two major classes, though of course we can classify them in many different ways: those methods which involve modification of the perceptual processes *within* the ego (that is modification of the excitation which has passed the external protective barrier), and those which involve deliberate and purposive behavioural manipulation of the external world so that the sense-organs are subjected to altered and different stimulation.

In the first Ernest Jones Lecture (1), Professor Adrian made a point which is perhaps relevant to the present discussion, as it indicates that the usual distinction between motor behaviour and sensory experience can be a misleading one. He suggested that the impulse to a particular piece of behaviour was a pattern of nervous activity in the brain which is cancelled when the appropriate set of signals arrives at the brain from the motor apparatus. The motor act is controlled through the matching-up of the incoming sensations with the pattern of neural disturbance prompting the behaviour. We can state this in psychological terms by saying that when perception of the motor activity corresponds with the drive-cathected image of that activity, there will be a corresponding reduction in tension. Thus a simple act of *appropriate* motor activity can itself reinforce the safety-feeling simply by virtue of the fact that it is appropriate, i.e. that the incoming excitation is smoothly transformed in an unconscious or preconscious manner. From this point of view, incidentally, the fear of loss of motor control and the feeling of being hopelessly overwhelmed by stimulation are more similar than might appear at first sight.

I do not want to enter into the many ways in which the ego controls perception and reinforces its feeling of safety. These range from simple sensory and motor adjustments to those mechanisms which Anna Freud has described so thoroughly in *The Ego and the Mechanisms of Defence* (3); mechanisms such as denial and ego-restriction. In particular I would refer you to Miss Freud's Amsterdam Congress paper (4) on 'Negativism and Emotional Surrender', in which she considered certain forms of negativism as being a defence against the threat of primary identification with the love-object, 'a regressive step which implies a threat to the intactness of the ego. . . . The individual fears this regression in terms of dissolution of the personality, loss of sanity, and defends himself against it by a complete rejection of all objects (negativism).' This is, of course, one form of defence through perceptual control in the sense of the present discussion, and we can understand that the 'threat to the intactness of the ego' as the lowering of safety-feeling and the experiencing of anxiety consequent on the danger of being traumatically overwhelmed.

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[4] Dr Martin James has pointed out that techniques of scientific research have the same function, viz. to diminish the gap between that which is expected on the basis of the theoretical model and actual experience.

Another technique for raising the level of safety-feeling at the disposal of the ego is the *hypercathexis* of certain sources of stimulation which lead to secure perceptions. Such hypercathexis enters into much of the behaviour which we call regressive, into such normal phenomena as transitional objects and mascots, and is particularly striking in certain psychotic manifestations. I refer to the bizarre posturings and stereotyped movements found in certain forms of schizophrenia, and we may perhaps include such phenomena as echolalia and echopraxia. These can, in part at any rate, be understood as attempts to raise the safety-feeling level by gaining a secure source of stable perceptions which correspond to intact object-, thing-, or movement-representations within the fragmented psychotic ego. These perceptions result in an increase in the level of safety-feeling, through a hypercathexis of the residual but secure perception. There is recent evidence that the schizophrenic defect involves gross direct perceptual disturbance, and I would suggest that much of the most bizarre and regressed schizophrenic behaviour is meaningful if we take the point of view that it represents a desperate attempt to find an 'island' of perceptual security. Those who are familiar with the way in which psychotic children clutch their possessions, hide in corners or under blankets, or perform stereotyped movements, will have been, I am sure, impressed by the panic which these children show when their source of secure perceptions is tampered with (for example, through forcibly restraining a child from carrying out a repetitive movement).

In certain catatonics, the only source of this security may be the perceptual constancy achieved through complete immobility. In this connexion I would mention the outstanding work on the ego-disturbances of chronic schizophrenia carried out by Freeman and his colleagues in Glasgow, and in particular a recent paper by Chapman, Freeman, and McGhie (2); a paper in which they describe some of the responses and comments of a patient who had suffered a catatonic illness. This patient described, in vivid detail, the tremendous efforts he had to make to retain secure sources of perception. To quote: 'He appeared to be able to move only after conscious reference to a series of mental pictures of his body', and the authors go on to say: 'The performance of any movement disregarding this process of attending to the motor act, aroused in the patient intense fear.' Other authors have described similar reactions in catatonic patients, and it would seem reasonable to conclude that the essential ego-defect in these patients lies in their disturbed capacity for efficient and automatic organization of their sensory experience into percepts.

I want now, briefly and tentatively, to suggest that we can see, from all of this, the workings of what one might call a *safety-principle*. This would simply reflect the fact that the ego makes every effort to maintain a minimum level of safety-feeling, of what I have called ego-tone, through the development and control of integrative processes within the ego, foremost among these being perception. In this sense, perception can be said to be in the service of the safety-principle. Familiar and constant things in the child's environment may therefore carry a special affective value for the child in that they are more easily perceived—colloquially we say that they are known, recognizable, or familiar to the child. The constant presence of familiar things makes it easier for the child to maintain its minimum level of safety-feeling. And this is a process which is not necessarily identical with the libidinal cathexis of objects as sources of instinctual gratification, though it may often be difficult in practice to discriminate the one from the other. Instinctual drives will always remain the prime motivators of behaviour, and although I have, to use Freud's analogy, described a little part of the rider, this does not mean that the horse does not exist.

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DISTURBANCES IN THE CAPACITY TO WORK[1]

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In its most general sense, work as conceived by Freud (2) (and I am here concerned with work in the psychological sense only) is the mental energy or effort expended in striving to reach a goal or objective by means of the operation of the reality principle, and in the face of the demands of the pleasure principle.[2] If we examine this activity closely, however, a number of important features claim our attention.

The operation of the reality principle leads to delayed rather than immediate gratification. It requires the exercise of discretion (in the sense of judgement, and not the social sense of being discreet) in determining which courses of action will eventually lead to the best result. Discrimination and judgement must be used, and decisions made. Decision contains the uncertainty of the wisdom of the choice, and calls for the capacity to tolerate uncertainty while awaiting the final outcome, and possible failure.

This uncertainty, however, it must be noted, has a special quality. The use of discretion depends upon unconscious as well as conscious mental functioning—the capacity for synthesis of unconscious ideas and intuitions and bringing them into consciousness. We may not be surprised to find, therefore, that at the core of this uncertainty lies anxiety—the anxiety aroused by having to depend for success upon the coherence and availability of unconscious mental life.

I was able to confirm this conclusion in social-analytic work in industry which I have reported elsewhere (6). In the course of these studies, two major components of work were separated: first, the prescribed content—laws, customs, resources, instructions, rules and regulations, and material limitations—which allow no room for discretion but set the frame within which discretion is exercised; and second, the discretionary content, comprising all those aspects in which discretion and choice have to be exercised. The force of this distinction was brought home to me when it became clear that what is experienced as psychic effort in work—the intensity or weight of responsibility—is entirely concerned with the discretionary content of work. To conform to rules and regulations and other prescribed aspects of work requires knowledge; you either know or you do not; but it does not require the psychic effort of discretion and decision, with its attendant stirring of anxiety.

I was able to demonstrate that weight or level of responsibility is objectively measurable in terms of the maximum spans of time during which discretion must be exercised by a person on his own account. The longer the span of time, the more the unconscious material that must be made conscious, and the longer must uncertainty about the final outcome and the anxiety about one's judgement and discretion be tolerated. In short, the longer the path towards gratification chosen in accord with the reality principle, the greater is the experience of psychic effort or work.

We are led then to the following definition of work, and formulation of the capacity to work. *Work* is the exercise of discretion within externally prescribed limits to achieve an object which can be reality-tested, while maintaining a continuous working-through of the attendant anxiety. The *capacity to work* depends upon the coherence of the unconscious, and upon the integration and strength of the ego and its capacity, in the face of anxiety and uncertainty, to sustain its functions, to maintain the reality principle, and to exert pressure to make the unconscious conscious.

The Main Components in Mental Activity

Work is never a simple process of striving towards an external objective. Combined in any act of work there is always a relation to the objective perceived as symbol. In order to advance our analysis, I shall have to digress for a moment to establish a few conceptions and terms in connexion with perception and symbol formation.

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[1] Revised and expanded version of a paper read at the 21st International Congress of Psycho-Analysis, July 1959.

[2] This conception of work is followed by most psycho-analytical writers on the subject, as for example Hendrick (5), Oberndorf (13) and Lantos (11).

The perception of an object is determined by the interplay of the requisite content of the percept with two types of symbolic content which have been variously designated; for example, by Segal (15) as symbols and symbolic equations, and by Jones (7) as symbols and true symbols. Whatever the terms used for the two types of symbolic content—and many writers, including Milner (12) and Rycroft (14), have emphasized the importance of the distinction—the central factor is that stressed by Klein (9) (and elaborated by Segal), namely, the degree of concreteness of the symbol, and the extent to which it co-exists with the object or engulfs it. The degree of concreteness in turn depends upon the intensity and character of the splitting process which underlies the symbol formation. It is consistent with recent developments in Klein's conception of the paranoid-schizoid position (and indeed with unstated assumptions in her earlier work) to assume that it is when violent splitting with fragmentation of the object and the self is predominant that concrete rather than plastic symbol formation occurs. I propose to show that this assumption is useful and necessary not only in considering the problem of work, but in considering all mental processes, especially the fundamental process of perception, and shall use the following terms and schema.

The perception of an object is determined by the interconnexion of:

(*a*) the requisite content of the perception, resulting in a mental percept of the object itself;

(*b*) the symbolic content, in which the object is modified by projective identification, split-off parts of the self and internal objects being unconsciously perceived as in the external object or connected with it, and the object introjected in the modified form;

(*c*) what I propose to term the concretive content, in which the object is modified by the explosive projection into it of violently split and fragmented internal objects and parts of the self, loses its own identity and becomes a concrete symbol (or, in Segal's terms, a symbolic equation); it is then violently introjected and experienced internally in concrete corporeal form in a split-off and fragmented state within the body ego.[3]

This distinction between ordinary projection and introjection and the more concrete processes of violent projection and introjection is one consistently made by Klein in her earlier papers, in which she frequently uses the terms expulsion and incorporation to refer to the more violent processes. Bion, in his papers on hallucinosis,[4] emphasizes the distinction, and retains these earlier terms.

Developmentally, violent splitting with fragmentation is associated with the earliest phases of the paranoid-schizoid position, when the rudimentary ego is under the impact of intense destructive impulses and instinctual defusion. At this stage, ordinary splitting fails as an ego defence because of the intensity of the anxiety aroused by the split-off persecuting primal object, and from the dangers of destroying the idealized split-off good object. As Klein (10) has recently shown, both aspects of the split primal object become experienced as persecutory, and contribute to the remorseless quality of the primitive superego.

Symbol formation with lessened concretism becomes possible at the transition stage between the paranoid-schizoid and depressive positions. The ego, with greater integration, is more able to contend with persecutory anxiety by means of less violent splitting and with lessened fragmentation. There results a growing confidence in the capacity to sustain the good objects split-off and segregated from the bad ones. The ensuing capacity to reduce anxiety by formation of symbols[5] in turn facilitates the onset of the depressive position. Contact with reality is strengthened, greater reality in perception comes to the fore, and a whole range of defences becomes available, especially reparation and sublimation and a more fully developed use of symbol formation.[6] Davidson has given a graphic account of this process in his clinical description of the treatment of a patient suffering from schizophrenia with mutism.[7] In passing, I would suggest that it is precisely because symbol formation is always based upon some splitting, that symbols tend towards being normative in mode—either good or bad.

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[3] This conception of concretism is connected with phenomena similar to those described by Goldstein under the heading of concrete as against abstract thinking, and by Piaget under the heading of syncretism. I believe that the processes of violent splitting and fragmentation, followed by explosive projection and violent introjection, with the accompanying very concrete forms of identification, offer an explanation of the dynamics of the phenomena observed by Goldstein in his patients with brain damage, and by Piaget in young children.

[4] For example, W. R. Bion, ' On Hallucination ' (1).

[5] Klein (9).

In separating out three main components of perceptual processes, and indeed of all mental activity—the requisite, symbolic, and concretive—I am doing so for the purpose of analysis only, and not to suggest that there are objective ego activities separated from symbolic and concrete contents and the conflicts and anxieties from which they arise. It is precisely the co-existence and interconnexion of these components of mental activity which I wish to demonstrate in work: the relative quantity, balance, and content of the three components determining the degree of realism, the creativeness, the energy, and the direction in work, as well as the extent to which that work contributes to advances in psychic integration. The present formulation thus differs from that of Hartmann (4) who, in defining what he terms the conflict-free ego sphere, writes of ' that ensemble of functions which at any given time exert their effects outside the region of mental conflicts '. In contrast to Hartmann, I believe that the path from psycho-analysis to a general psychology cannot be traversed without taking into account the fundamental role of conflict in all mental functioning—a view which I hope may be supported by the present paper. In particular, I think that the understanding of normal psychological processes will be enhanced by teasing out from within them, and elaborating, the various types of splitting processes employed by the ego in dealing with conflict, and the vicissitudes of the resulting splits and fragmentations of the ego, objects, and impulses—a point frequently stressed by Klein.

The Process of Work

I now wish to turn to the process of work itself. Six main stages may be recognized:

(*a*) the achievement of a particular objective is undertaken, and a *relationship is established with the objective;*
(*b*) an *appropriate quantity of the mental apparatus must be allocated* to the task;
(*c*) an *integrative reticulum* must be constructed and elaborated, within which the work is organized;
(*d*) concentration upon the task, teasing out the contents of those areas of the mind occupied upon it, and a scrutiny and searching for elements which will help in solving the problem; a process I shall designate by the terms *lysis* and *scanning;*
(*e*) *gathering*, *linking*, and *synthesis* of the elements which fit;
(*f*) *decision*, by which is designated a taking of action with significant committal of resources.

The processes I shall describe will refer throughout to the interplay of mental events between the conscious and unconscious areas of the mind. Although the focus of emphasis oscillates continually between the conscious and the unconscious—each one alternately becoming figure and then ground—neither the one nor the other process is ever inactive.

I shall outline the six stages of work sequence for purposes of presentation. In reality the various stages interact. The first integrative reticulum may be tentative—an hypothesis, or a mere hunch or feeling. Insufficient, or too much, mental capacity may be allocated. As lysis and synthesis proceed, and knowledge is collected, the integrative reticulum may be modified, and more or less mental capacity allocated; the libidinal relationship with the objective may be altered — ambivalence and the intensity of libidinal investment increasing or decreasing as the task and its difficulties are encountered and experienced.

Moreover, as lysis and linking proceed, trials may be essayed in external reality, but without extensive committal of resources, the knowledge and intuitions built up from these trials being fed back into the elements available for linking.

Relation with the Objective

An objective is an object-to-be—one which has to be brought into being, to be created. The objective may be worked for because of inner need and compulsion, for the personal satisfaction to be derived regardless of other gain. It may be an allocated task constituting part of a person's employment.

The amount of energy mustered for a task will depend upon both the desire to achieve the objective and obtain the attendant reward, and the symbolic meaning of the objective and attendant psychic gratification. Work is most satisfying when both these elements are consistent with each other, and relatively undisturbed by concretism.

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[6] Segal (15).

[7] S. S. Davidson, ' On Catatonic Stupor and Catatonic Excitement.' Unpublished paper read to the British Psycho-Analytical Society on 29 April, 1959.

If the depressive position has been sufficiently worked through, the symbolic content of work will be connected mainly with reparation. The analytic literature contains many instances, for example,where the objective represents the creation of a baby and giving birth to it. At a deeper level is symbolized the reparation, restoring, and recreation of the primal good object, and revival of good impulses and good parts of the self. The objective in work is nicely suited for such a symbol, since it exists only as a partial schema requiring to be completed and brought to life by loving care and work. At the same time as the objective is symbolically identified with the good object undergoing reparation and restoration, the bad objects and bad impulses and parts of the self are symbolically identified with obstacles in the way of the work. The more the reality content of the work is consistent with the unconscious symbolic reparative activities, the greater will be the love for the task.

If the discrepancy between the reality and symbolic aspects is too great, lack of interest or hatred is aroused, and loss of incentive ensues. This hatred may be intensified by violent splitting and fragmentation, the incomplete objective being concretely introjected and identified with destroyed and persecuting internal objects. The objective itself then becomes increasingly persecutory through violent projection and concrete symbol formation. Moreover, the intensity of the concretism will determine the extent to which ' putting oneself into the job ' becomes a matter of strong positive motivation and sound effort, or of confusion and inhibition. The negative effect is produced by the unconscious experience of losing parts of the self and internal objects into the task concretely perceived, combined with the experience of getting parts of the job lost inside oneself—in the same manner, for example, as when genital sexuality is inhibited by urethral and anal sadism. Fears of failure are then intensified through unconscious fears of uncontrolled destructive impulses.

Allocation of Mental Capacity

The amount of mental capacity allocated (i.e. the amount of occupation with the task) will be determined by the judgement of the size of the task, given greater or lesser effect by the intensity of libidinal involvement and the amount of ambivalence. The accuracy of the judgement of size of task will be influenced by knowledge of that type of work. It will be distorted by violent splitting and fragmentation. The stronger the love for the real and the symbolic objective, the greater the psychic energy that will be made available for the task.

The allocation of mental capacity requires a genuine act of mental investment. More, it requires the segregation of the invested area from interference by other mental activities. It is an allocation in time as well as in amount. The intensity of absorption in the task is at stake. It is an estimate, and one which may require subsequent revision. The greater the time framework, ordinarily the greater is the area of the mental apparatus that is brought into play. To be preoccupied with other things means just what the word implies: so much of the mental apparatus has already been allocated that not enough is available for the task at hand. Segregation breaks down, and concentration on the task is disturbed. Capacity to work is impaired in neurosis by the absorption of mental capacity in internal conflict, which leaves relatively little capacity available for any other work.

Integrative Reticulum

The integrative reticulum is the mental schema of the completed object and the means of creating it, organized in such a manner that the gaps both in the mental picture of the object and in the methods of creating it are established. Consciously, it is a combination of any or all of concepts, theories, hypotheses, and working notions or hunches. Unconsciously, it is a constellation of ideas-in-feeling, memories-in-feeling, phantasies, and internal objects—brought together and synthesized to the extent necessary to direct behaviour, even if not sufficiently to become conscious.

The creation of an adequate reticulum requires sufficient ego-strength to achieve the necessary intensity of concentration upon the task. If ambivalence about the task is low, and if there is not excessive splitting of the conscious from the unconscious parts of the mind, then the greater the ego-strength and the greater the conscious mental concentration and effort applied to the task, the greater will be the concentration upon the task in the unconscious mind. That is to say, conscious mental effort has a continuous effect upon the mobilizing of unconscious mental activity and effort, and upon the content and direction of that activity.

Conversely, the strength of the ego-activity mobilized for the task, the capacity to concentrate upon the objective, and the coherence and synthesizing power of the resulting reticulum, depend in large measure upon the coherence in the organization of the unconscious mental processes. The degree of coherence in the unconscious is associated with the dominance of loving impulses over destructiveness, and the intactness of internal good objects—these conditions reducing the dependence of the ego upon violent splitting. When, however, there is insufficient coherence and violent splitting and fragmentation occur, a satisfactory integrative reticulum cannot be established. Indeed a schema of the objective constructed under such conditions will itself be split and fragmented and will thus facilitate further splitting and fragmentation: it acts as a disintegrating rather than an integrative reticulum inducing confusion and disorganization in work.

The assumption of unconscious influences upon conscious mental processes requires no elaboration. The two assumptions, however—that of coherent structure and function in unconscious processes, and that of conscious effort in influencing the intensity, coherence, direction, and content of unconscious activity—may warrant a brief comment. The validity of these assumptions may be simply demonstrated. The successful accomplishment of any task requires the exercise of some or all of the functions which we describe as touch, or feel, or sense, or intuition, or insight. These functions are exercised in the main unconsciously, and are not simply preconscious. They can be brought into play by conscious orientation towards a particular task. Once set going, they may operate, for instance, during sleep, throwing up a result that is consciously available, but without the problem-solving activities themselves becoming conscious. Such activities demand the assumption of coherence and dynamic organization in the unconscious, intimately connected with conscious activities.

Lysis and Scanning

By lysis, I refer to the process of separating and teasing out the contents of those areas of the mind occupied in the task—the products of conscious knowledge and of unconscious phantasies and feelings, awareness through experience, and intuition. By scanning, I refer to the process of mentally looking over and considering the teased-out materials. Both lysis and scanning are concerned with making the unconscious conscious.

Lysis and scanning require the capacity to loosen the elements organized within other sets of ideas, so that many relevant elements may be abstracted and used in the new context; e.g. certain ideas in a book; or the unconscious memory of a particular feature of the behaviour of another person, or of one's own childhood. At the same time the integrative reticulum itself must be loosened and prepared for the linking of new elements, the reticulum possibly needing to be modified in the process. Scanning may be external as well as internal. When insufficient material is discerned in the conscious and sensed in the unconscious mind, new information is sought in the outside world, by search and by research. When libidinal investment in the work is high, so are curiosity and the need for truth—and the desire to discover and use such knowledge as already exists—so that the work of others is prized and valued.

If the ego-strength is sufficient, the concentration of mental effort on the task within the frame of the integrative reticulum results in the loosening out and mobilization of thoughts and ideas relevant to the task. These elements do not come only from the conscious ego. If the unconscious ego is sufficiently oriented towards the task, it will be influenced into throwing forth elements associated with gaps in the reticulum. The more coherent is the organization of the unconscious ego, the greater is the influence upon it of the exertion of conscious mental concentration and effort; and the greater will be the release of elements from the unconscious to be made available for scanning and for possible use in achieving the objective.

In lysis and scanning, if the mental process is plastic, elements of thought are made available for synthesis within other thought processes, without destroying their mental context. At the symbolic level, this process goes on by means of a wide range of possible splits and fusions, but with the good and bad aspects of the splitting maintained intact. To the extent, however, that persecutory anxiety, violent splitting, and the ensuing concretism are at work, lysis and scanning are inhibited or lead to confusion, because lysis is experienced as fragmentation and disintegration. The mental process is concrete and inflexible, the bits and particles are not available for synthesis, and the integrative reticulum becomes unmodifiable.

Gathering, Linking, and Synthesis

As the process of lysis and scanning proceeds, those elements which fit together and into the schema are gathered together. The question of what constitutes fittingness is of the greatest importance, and warrants a separate treatment beyond the scope of the present paper.[8] The loosened elements are mentally tried out for fit into gaps in the reticulum, and those which fit are retained. The sensation is that of insight, of notions which click.

The gathering together of these elements, and their linking within the integrative reticulum constitutes the act of synthesis. To gather, meaning to draw together into a heap, comes from the same root as the word ' good '.[9] Linguistically, then, there is reason to connect the creative gathering and synthesizing processes in work, with the unconscious experience of establishing the good object.

Where the apposition and fit are *unconsciously* made, the sensation of insight is one of ' feel '—something clicks, but it is not quite clear what. It is the feeling that one could *do* it oneself, or *demonstrate* how to do it, but yet not be able to explain how. Effort and study are required to bring the experience into the preconscious by discovering verbal images which correspond to it, and thus to bring the elements forth into consciousness, as Freud (3) has described in *The Ego and the Id.* The existence of a coherent integrative reticulum spanning the conscious and the unconscious ego acts as a powerful agent enabling the unconscious thus to be made conscious. The necessary act of attending to the task is experienced as mental strain.

When concretism is strong, however, linked objects are experienced as persecuting, the act of synthesis—as shown by Bion in another context (1a)—representing the unconscious internal re-enactment of the primal scene. The mental processes in work are therefore attacked, and the integrative reticulum subjected to tearing and destructive annihilation. The effect of the erotization of work is thus influenced by the strength of concretism: if concretism is weak, symbolic erotization of the objective in work may facilitate the work and reinforce sublimation; if it is strong, work is disturbed and sublimation is inhibited because of the concreteness of the erotization.

Decision and Action

When the mental process has proceeded sufficiently far, or when time begins to run out, the moment of decision and committal is reached. By the term ' decision ', I wish to designate the taking of action to create the object in whole or in part, with a significant committal of resources, so that if the discretion and judgement exercised have been adequate, success will be achieved, but if they have been inadequate, failure will be experienced with wastage of the resources committed.

By decision, therefore, I mean what the term implies—' decaedere ', a cutting apart—an act from which there is no turning back. It is the point at which a person's confidence in his mental capacity is put on trial, for the consequence of an act of decision is reality testing. The results of the decision have to be faced. It is the moment when anxieties about the task are mobilized to the very greatest extent.

If, therefore, there is much violent splitting with fragmentation, catastrophe is unconsciously anticipated. This fear of catastrophe is of the paranoid-schizoid type. It is the fear of self-inflicted failure through self-imposed stupidity and self-deception which occur whenever violent splitting and fragmentation, with their attendant confusion, are at work. It leads, following actual failure, to self-recrimination of the ' if only I had done so-and-so ' type; and defence against this self-castigation by projection of the blame only intensifies persecutory anxiety, and in no way repairs the damage. The potency of the destructive impulses is experienced as immediately present. Consequently, irreality and a retreat to the pleasure principle result. Evasion of reality testing may be achieved by obsessional indecisiveness and paralysis of action or, equally, by careless and grandiose ' decisiveness ' based upon magically omnipotent phantasies and offhand disregard of the result.

If, however, the objective in work is successfully achieved in reality, then reparation is reinforced, the bad objects and impulses are diminished by identification with the obstacles that have been overcome, and splitting is lessened. Integration in the ego is advanced, and the operation of the reality principle is strengthened.

But perhaps most important is the fate of the concrete components of the mental processes involved in the work. The very fact that a decision was made requires that some of the energy bound in maintaining the fragmentation is released, and with it some of the anxiety that had been tied up in the fixed and concrete symbolism. But the success of the objective work combined with the processes of symbol formation in creating an object in external reality, and reparation internally, mitigates hate and diminishes persecutory anxiety, increases the capacity to tolerate depressive anxiety and loss, and hence diminishes the need for violent splitting and fragmentation. Additional symbol formation occurs. And with the release and experience of anxiety there is relief as well, because of the experience, no matter how slight, of the capacity to tolerate that anxiety without disintegration, and to be creative in spite of it. I shall not, however, elaborate this point further. For Klein (8) has shown in detail in her paper on ‘ Mourning and its Relation to the Manic-Depressive States ’, how every experience of overcoming obstacles and anxiety—and this applies strongly in work—leads to a furthering of the working-through of the infantile depressive position, and a step forward in maturity and in the capacity for sublimation.

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[8] It is a question which takes us, for example, into the role of insight and of trial-and-error in learning and in problem-solving.

[9] Both are from the Indo-European root ' gad ' which means fit or suitable.

A Note on the Role of the Superego in Work

My omission of any reference to the role of the superego in work is no measure of its importance; for example, if it is not excessively persecutory, it plays a constructive role in facilitating sublimation, and forwarding work. But it is a subject which I cannot pursue on this occasion, other than to touch briefly upon one point.

When the superego develops in a setting of violent splitting and fragmentation it becomes harsh and persecuting in its relation to the ego, and is experienced as severely restrictive.[10] This circumstance is revived in work when concretism is strong. The prescribed limits—the rules and regulations—within which the work is to be carried out, are experienced as persecuting. And, equally serious, knowledge itself becomes experienced as persecutory, because one of the important effects of knowledge is to restrict and limit the ego's field of choice of action, in the same way as does the superego. Unconsciously, then, knowledge is hated and is rejected, commonly by its being fragmented and repressed. The ensuing resentment against work is readily illustrated in the behaviour of delinquents and borderline psychotics who react to the demands of conforming to the prescribed content of work and the knowledge to be exercised, by omnipotence, carelessness, and hostile negligence. Equally familiar is the reaction formation of concrete acceptance of the knowledge one knows and over-dependence upon it, with resentment against new knowledge which threatens existing conceptions, theories, and frames of reference.

Psycho-analysis as Work

We may illustrate these processes and the effects of concretism under ordinary everyday conditions, by a brief reference to work which we all know—that of psycho-analysing a patient. The love and energy with which we pursue the treatment is dependent upon the consistency between the conscious objective of mental healing and the content and strength of our unconscious symbolical reparative drive. We must have undergone sufficient personal analysis to enable us to allocate the requisite mental capacity to the task without interference from other preoccupations—especially unconscious anxieties—which might distract our attention and weaken our concentration upon the patient's unconscious mind. In listening to our patients, we each use an integrative reticulum, built up from an amalgam of previous material from the patient, and from the particular theories, concepts, and working notions we employ. This integrative reticulum determines our mental set or attitude and hence influences both the direction of our attention and the weight we place upon various aspects of the material that is forthcoming. It thus influences to an important extent what we each actually observe in our patients.

The clarity of our understanding of our patients will, moreover, depend upon the interaction between our objective perception of the patient and the exploration of the patient by projective and introjective identification through which we symbolically experience what it would be like if we were the patient, and if the patient were ourselves It is likely, however, that the concretive content of the experience will always interfere with this symbolic process to a certain extent, the consequence being that one unconsciously feels oneself to be lost in the patient, and the patient confused inside oneself. This type of concrete projective and introjective identification occurs in counter-transference. If concretism is strong, our relationship with the patient may be distorted and disturbed.

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[10] Klein has elaborated this theme in her paper ‘ On the Development of Mental Functioning ’ (10).

The state of mind in lysis and scanning can be illustrated in the free-floating attention necessary for psycho-analytic interpretation. It is free-floating only in the limited sense of being free within a previously-established integrative reticulum of analytic theory and of knowledge about the patient. Lysis and scanning occur within this schema, elements of the patient's associations and behaviour being scrutinized and picked over in our search for what to interpret—the integrative reticulum acting as a kind of sieve. Then, by virtue of our own conscious and unconscious mental activity, various elements become linked in our minds, and a potential interpretation is gradually gathered up and consciously formed. At the same time, our sense of timing and tone and verbal formulation remains largely unconscious.

The moment of decision is that point when, having gathered together the material which we consider relevant to an interpretation, we not only feel that the time has come to make an interpretation, but we actually make it—we say it to the patient—we commit ourselves. Having done so, we must then face in reality the effects and consequences of our interpretation.

It is probably the case that psycho-analytic work calls for more continuous concentration and mental work than any other. This fact, plus the fact that one's own anxieties are always subject to being aroused by those of the patient, makes us as analysts more readily vulnerable to disturbances in work by concretism. For instance, concentration might flag and attention wander, or the necessary continuous attention to minute detail in following the patient's associations might provoke a certain amount of confusion. In more extreme form, linking may be inhibited, and interpretation may be experienced as dangerous. Decisiveness in interpretation could be impaired.

A Clinical Illustration

I wish now to present some clinical material from the analysis of a patient who suffered a schizophrenic breakdown, and who in his fifth year of analysis was just getting back to work. I have chosen this case because it magnifies and highlights the effects of concretism by showing its operation in the setting of a large amount of violent splitting and fragmentation.

The patient, a 28-year-old man, had worked as a script-writer. The interaction of the various phases in work which I have described may be illustrated by material from a number of sessions at a time when he was trying to write a script for television. He came to one session in a half-triumphant half-despairing frame of mind. He thought he had written an excellent talk, but was convinced no one would buy it. 'If they did,' he boasted triumphantly, 'I would show them; I'd capture the audience!'

His attitude struck me as very similar to that of the previous day, when (as on some other occasions) we had analysed how he had attempted omnipotently to capture me with his talk, so as to get me to do exactly as he pleased—to analyse him, give him insulin treatment, let him stay with me in my house, sleep with my wife, and take over my friends and social life. I interpreted to him, therefore, that he wanted to use television to enter the homes of people and control them with his talk.

He roared with laughter at this connexion, and gurgled with triumphant glee, 'I'd tell them! I'd get into millions of homes at once. The bastards—I'd shit all over them!'

In the light of his associations and previous material, I was able to interpret to him that the TV audience represented to him his own internal family broken into millions of bits—whom he projected into the viewing families. He was then able to gain control over them by gaining omnipotent control over the television, and entering into their homes. The entry was a forced entry, with his faeces, in which he greedily possessed and controlled everything—food, comfort, and parental sexuality. At a deeper level, it was unconsciously a forced entry into his mother's breast and body.

The producers who would turn down his programme were unconsciously his father who was envious of his potency, and who would try to prevent him from forcing entry into his mother and taking control of her. The persons who were libelled in the talk and whom he sought to destroy by so doing, represented his own sadistic and destructive superego; and it was this superego that was fragmented and projected into me and attacked, so that he felt me to be on their side and against him.

When he tried to write, therefore, he had neither a unified objective nor a coherent integrative reticulum. He was literally all over the place. He admitted that those passages of his talk which contained the more persecuted and libellous material tended to be badly written and confused—'garbled' was the term he used. In effect, he could be said to be using a disintegrative framework rather than an integrative one for parts of his writing—attempting to smash his material in bits to disturb and confuse the fragmented internal objects and parts of himself projected into his audience rather than to satisfy that audience.

Under these conditions, the process of lysis was severely interfered with. He explained how, as he tried to write, he could not sort out his ideas. As he tried to find just the right words, the words and ideas seemed to break up in his mind. He could not think in words. He could only spell. A cat was not a cat, but a C—A—T. But even worse, he could not spell correctly, could not get the letters back together into words. Then he felt people laughing at him—his audience producers, friends jeered and triumphed at his impotence.

Linking and synthesis became impossible for him at such a time, because he experienced himself so concretely inside the job standing for his mother's body. To link only increased his persecutory anxiety, because, for example, it was experienced as a bringing together of the cruel and sadistic penis with the already dangerous contents of his mother's body. Moreover, if he tried to look outside for additional information or knowledge, he became so utterly consumed by envy that he went almost blind with rage. On one occasion, he read a few pages of a favourite author to get just the right style for something he was writing. He then found himself unable to write. In his session on the same day, his associations took us to his unconscious envious and greedy eating of the words on the page—literally ' tearing them out of context '—and then feeling terrified and dominated by them internally, with the fear that they would appear in spoilt but recognizable form in his own writing. The simultaneous idealization and incorporation of the other author and her work partly made matters worse by increasing his own feelings of inferiority, hopelessness, and despair.

Under these conditions, decision became terrifying and he would retire to bed, sometimes for days on end, and retreat into magical phantasies in which he believed for the time being that he was sorting out all his difficulties.

Working Capacity and Confidence

I should like finally to return to an earlier theme—that weight or heaviness of responsibility is connected with the length of time a person must exercise discretion on his own account. The longer the time-span the longer must the anxiety of uncertainty be faced—anxiety without which work cannot be said to have been done. The ability to maintain a continuous working-through of that anxiety, and to go on exercising discretion and making decisions, demands that the requisite and symbolic contents of the mental processes involved in work must predominate over the concretive processes—a state of affairs requiring the dominance of love over hate. It is these conditions which lead to confidence in one's own judgement and capacities. They reduce persecutory anxiety and violent splitting. They provide an unconscious sense of well-being and ease, and faith in the ability to restore and nurture the internal good objects. These feelings lie at the root of confidence in one's own creative impulses and sublimations and capacity to tolerate anxiety and uncertainty.

To the extent that these conditions are not fulfilled, confidence in work, and the capacity to do it, are diminished. Uncertainty replaces confidence, and increases anxiety and confusion. The longer the time-span of the discretion to be exercised, the greater will be the piling up of anxiety and uncertainty. Under these conditions the processes of sublimation tend to be reversed. Plastic symbol formations break down and become increasingly fragmented and concretive in order to bind defused instinctual energy and to diminish persecutory anxiety. I believe that these are the basic processes underlying disturbed work.

This description applies equally to neurotic flight into excessive work. Such flight generally contains as a dominant feature the splitting-off and fragmentation of a part of the work-field with the result that the work tends to be soulless and lacking in humanity. The internal reflection of this work is a splitting-off and fragmentation of parts of the mind, so that psychic processes which might enrich the work-process are not available, and sublimation is inhibited. One of the paradoxical results of making a ' success ' of such work is that concretism and fragmentation are thus reinforced, and an impoverishment of personality occurs.

Processes of disintegration and concretism are always present to some extent in the unconscious, and they are reinforced by the failure and anxiety they induce. These processes require constantly to be reversed, and daily work is one of the means by which this reversal occurs. Working—and especially working for a living—is therefore a fundamental activity in a person's testing and strengthening of his sanity.

ETYMOLOGICAL APPENDIX

A number of the psychological processes described above can be illustrated in the metaphoric content of the language of work which symbolizes these processes and the accompanying sensations, in concrete terms.

1. *Lysis* (' lysis '—to loosen) is the root of analysis, to loosen apart. This notion of a loosening and separating out of mental elements at this stage in work occurs in many words connected with it: *discern*, *discriminate*, and *discretion* (all from ' dis-cernere ', to separate apart). The term *skill* has the same reference (from ' skijl ', to divide or separate), relating it to the ability to tease out and discern; so also

have the words connected with solving a problem, *solve*, *resolve*, *solution* (from ' se-luere ', to loosen apart, ' luere ' being the Latin equivalent of the Greek ' lysis ').

The loosening in the above sense is linguistically to be contrasted with fragmentation (' frangere ', to fracture or break) which expresses a sharp and conclusive breaking apart.

As against words having to do with discretion and choice, *knowledge* (' gignoskein ', a reduplicated form) has the meaning of being able automatically to reproduce previously established data without the anxiety of choice.

2. *Scanning* (from ' scandere ', to climb or ascend) has the sense of rising above the loosened elements in the mind and examining them from on high. *Search* and *research* (' circare ', to circle about) and *concentrate* (' con-centre ', centre together) express the sense of mentally circling about the loosened elements, and bringing relevant ones together.

The mental circling about from above accords with the concept of a *plan* (' planus ', a plain or plateau), that is, a clear area at the surface of the mind from which the elements below can be perceived, and on to which they can be raised. An *hypothesis* (' hypo-thesis ', place below) is a construction placed among the elements in the deeper layers of the mind to help in sorting out those which are to be raised to the surface plain. The conception of *relevance* (' re-levare ', to raise again) expresses this sense of lifting or raising up and out.

To concentrate gives additional information if we take it back to its Greek root (' kentron ', a spike, goad, prick, centre) which carries the sense of goading or pricking together. This meaning falls into line with the act of *distinguishing* various elements (' dis-stinguere ', to prick apart, or to separate by marking with a prick), as though, in the process of lysis, those mental elements which, on loosening, appear to be relevant are mentally marked for synthesis. In line with this conception is the verbal root of *disappointment* (' dis-ad-punctare ', against marking by a prick), in which the process of mental marking of elements is frustrated and leads to failure.

3. *Gathering* and *good* are connected in that both derive from the Indo-European root ' gad ', meaning fit or suitable; i.e. that which is good is that which comprises good and suitable parts gathered together into one whole. The *art* of bringing relevant material together (' ars ', fit) is that of the act of fitting. This notion of fitting or fixing elements together appears in many of the terms related to this phase of work: making connexions (' connectere ', to bind or knit together), bringing into *context* (' contexere ', to weave together) and *synthesizing* (' synthesis ', place together).

The *exertion* necessary (' ex-serere ', to fasten or bind out), has to do with the putting together in such a manner as to get it out into active use, i.e. into consciousness and then into use in reality, or to force it out (' ex-fortis ', effort), by means of *effort*.

As against these words associated with a putting or weaving or binding together in an organized form, *confusion* (' con-fundere ', to pour together) has the sense of mental elements running together in an unorganized fashion, without patterning or plan.

4. These processes of analysis and synthesis (loosening and bringing together) of the contents of thought, are accompanied by differentiation and integration of the mental apparatus itself. The *differentiation* (' dis-ferre ', to carry apart) has to do with the capacity to bring different parts of the mental apparatus and different mental processes into play, without destroying mental integration. *Integration* (' integrare ', renew, heal, or repair, which in turn is from ' in-tangere ', untouch, unharm), carries this metaphoric sense of undestroyed or left intact even though differentiated; the deeper psychological significance of this emerges in the fact that ' intangere ' (Indo-European root ' dak ', to bite or tear, from whence, e.g. the Greek ' dakos ', animal of which the bite is dangerous), refers also to unharmed by eating, or untasted, an unconscious etymological connexion between mental integration and being undamaged by oral sadism.

5. The use of *decision* in the active sense of committed to action is given by its root (' de-caedere ', to cut apart). The essence of a decision is that once it is taken, the person is cut off from the other courses of action he might have taken.

6. The relating of the sensation of *failure* in work to psychic mechanisms of self-deception is consistent with its derivation (' fallere ', to be deceived—and deceive deriving from ' de-cipere ', to take by causing to fall into a trap); in effect, the internal objects and split-off mental processes are trapped or ensnared as a defence against destructive impulses and persecutory anxiety. *Frustration* (' frustrari ', to disappoint, and ' frustrus ', deceitful) carries a similar connotation of being disappointed through deceit. That is, frustration and failure caused by a person's own inability are experienced in terms of paranoid feelings of being deceitfully treated, a projection of the cunning and deceit characteristic of paranoid-schizoid defences which frequently contribute to failure.

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DISCUSSION OF ‘THE METAPSYCHOLOGY OF PLEASURE ’[1]

I. THE STRUCTURAL DESCRIPTION OF PLEASURE[2]

By

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A survey of metapsychological formulations with respect to pleasure and unpleasure shows certain gaps and inconsistencies in their description. This is due in no small part to the fact that the terminology for pleasure was introduced largely under the influence of the libido theory and was designed to fill the needs of depth psychology. Here the emphasis was on the erogenous zones and the economic aspects of the strivings for sexual pleasure. The terminology for unpleasure, however, was more selectively elaborated during the later evolution of structural psychology, with a corresponding stress upon the ego and its defences rather than the satisfaction of the instincts. An effort will be made in the present paper to indicate certain resulting problems of descriptive terminology and their conceptual background, as well as to suggest a structural description of pleasure which corresponds with that already in use for unpleasure.

Thus, Freud (11) describes the ‘ forepleasure ’ and ‘ end pleasure ’ of the male sex act as though it involved an autonomous discharge of ‘ sexual energy ’ that was independent of the sensations and reactions of the participating ego. The functioning of the ego was treated separately and in terms of ‘ psychic energy ’, which also had ‘ forepleasure ’ aspects. The latter concept was subsequently elaborated in other papers (8, 9) without further discussion of its relation either to sexual forepleasure or to psychic or sexual end pleasure. There is, indeed, reference to a ‘greater pleasure gain’ as the result of psychic forepleasure and to a fusion of psychic and sexual pleasures in the mature and love-directed sex act, but a systematic integration of the various aspects of pleasure as an experience is lacking. Indeed, the basis for such a systematization could not be achieved until later developments in analytic theory made a more thorough study of the ‘ perception ego ’ possible and unified depth with surface psychology.

Even within the limited framework of the sex act, the term ‘ forepleasure ’ was not entirely satisfactory, since the implication might be (and sometimes was) drawn that the pregenital drives were not capable of producing ‘ end pleasures ’ of their own. Later, with the introduction of the second instinct theory, the previous differentiation between pleasurable satisfaction of sex and ego instincts could not be retained and the question of aggressive instinctual satisfactions required consideration (12). Moreover, it became necessary to describe and evaluate the relative functioning and contribution of the different psychic structures to the totality of pleasure and unpleasure experiences.

With the recognition that the pleasure principle was not the ultimate determinant of psychic economy but rather an instrument of the repetition compulsion, it would seem to follow that end pleasures themselves were flexible and evolving, not absolute and static signals of psychophysical functioning. Their signal function arises as a constantly maturing pleasure-unpleasure series which reflects the development from a primary process search for identity of perceptions to a secondary process dependence upon an identity of ideas as the condition for the achievement of rest. Forepleasures demonstrably acquire autonomous qualities and come to constitute new forms of end pleasure, as in the case of aesthetic reactions. In recognition of the complexities involved, Eidelberg suggested that the terms ‘ anticipatory ’ and ‘ fulfilment ’ pleasure might include and supersede the older distinctions between ' forepleasure ' and ' end pleasure ' (2).

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[1] ‘ The Metapsychology of Pleasure ’, by Raymond de Saussure. In : *Int. J. Psycho-Anal.*, 40, 2.

[2] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

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While Freud did not set himself the task of redefining pleasure in terms of these considerations, his comments on the structure of unpleasure provide a natural model for this purpose. The division of anxiety (as unpleasure) into the passive experience by the ego of tensions arising within the id and the active use of memories of anxiety as signals for the control of danger situations, should find their counterpart in a similar view of pleasure (i) as an experience by the ego of tension reductions within the id (discharge or fulfilment pleasures) and (ii) as signals of ego mastery (anticipatory pleasure): (cf. Eidelberg's characterization of anxiety as ' anticipatory unpleasure ' in contrast to terror as ' fulfilment unpleasure ' associated with narcissistic mortification (3). More recent concepts of the role of the ego in anxiety would invite corresponding formulations for pleasure (1,16).

Such a description of pleasure-unpleasure, however, finds the analyst confronted with terminological problems which have their origin in the history of psycho-analysis. The differentiation between sensations, feelings, and affects (emotions) had long been the province of academic psychologists concerned only with consciousness; with the advent of structural considerations, this became a matter of interest to the analyst as well. At first, as Rapaport points out, affects were regarded merely from an economic standpoint and were treated as charges of libidinal energy; later, they were conceived of as psychic representatives of energy discharges (feelings), and only in a third stage of metapsychological formulations were their functions as ego states granted recognition (15).

With the attainment of this third stage, the need presented itself for distinguishing between bodily sensations which represent affects and others which do not. The problem may be illustrated by the distinction between a sense of sweetness and a sense of oral satisfaction after tension. The one is related to the conflict-free reality testing functions of the ego, the other to the more general psychophysical changes which characterize the instincts. The sweet taste is more specific, more localized (as in the erogenous zones) and associated with objects; oral satisfaction is more diffuse and bound up with, if not actually a constituent of, the sense of self. It may also be noted that the latter has inherent points of affinity with the perception of anxiety (or its relief) as a signal for the determination of subsequent behaviour. A sweet taste may indeed become unpleasurable.

The relationship between the specific and localized bodily sensation and an affective state requires further amplification. As early as in ' Three Essays on the Theory of Sexuality ', Freud pointed out that sensations of pleasure (lust) were not directly connected with tension states, thus leaving a gap in the erogenous zone theory. In a discussion of ' psychic ' pleasures, structural elements received further consideration in the form of a distinction between the pleasures obtained through the release of inhibitions and those that represented the free (and largely infantile) play of the mental apparatus (9). The mode of experiencing such pleasures was not investigated but apparently was related to the conditions under which the narcissistic pleasure ego was restored (8).

In ' Beyond the Pleasure Principle ' (7), an advance in structural description was made when Freud tentatively distinguished between pleasurable and unpleasurable sensations associated with bound energy and those associated with unbound energy. In ' The Problem of Anxiety ' (10), this was carried further into a distinction between bodily ' sensations ' such as pain and the subjective aspect of affects, which were called 'feelings '. He further defined the relation between the two by tracing the development of pain into unpleasure. Through its persistence, pain may achieve the status of an instinct—an inner stimulus against which no defence can be offered. The persistent pain ultimately produces the same economic effect as an instinct and with it the meaning of a lost object that is cathected with longing. Thereby the lost object represented by pain—namely, a part of the body—becomes the narcissistic counterpart to the lost external object cathected in situations of anxiety and depression.

Nevertheless some conflict emerges between this view and the supposition that unpleasure is the more primitive mode of experience, while pain, as a discriminating form of perception, is a signal in the service of adaptive control. The resolution of this conflict suggests itself through the observations of Anna Freud, which indicate that during the first year of life the infant is as yet unable to distinguish between pain and unpleasure (5). The inference may be drawn, therefore, that pain sensations inherently contribute to and arouse feelings of unpleasure, but become separately distinguished only with the advancing capacities of the ego to localize and master the different elements in a traumatic experience. Freud's description of the relation between pain and unpleasure would then become applicable if it were considered that as a result of persistent pain and the ensuing helplessness of the mature ego, regression to secondary narcissism and an undifferentiated pain-unpleasure state takes place. (The need for and the advantages of a distinction between pain and unpleasure are obliterated by descriptive terminology which, drawing largely upon considerations extrinsic to metapsychology, regards pain as an affect (17). This would fail to describe, for example, the ability of the masochist to convert sensations of pain into a signal for the discharge of unpleasurable tensions.)

Whereas the painful and the unpleasurable act in an ' evacuative manner ' on the ego (10) and impel to projection, anticipatory and fulfilment pleasures are concerned with introjective devices that restore the missing object and with it the pleasure ego; (cf. Fairbairn (4), Lewin (14), and Szasz (17) for different approaches to this process). Thus the pleasure principle creates a twofold streaming, a simultaneous hatred for the object of unpleasure and love for the object of pleasure. The successful resolution of the tension state so constituted involves in various proportions, distributions, and directive tendencies a fusion of aggression with libido in order to attain a state of rest; it is possible that certain pleasurable aspects of aggression are achieved in this way, i.e. through the concomitant or subsequent experience of libidinal satisfactions (13).

The same structural considerations which call for a differentiation between pain and unpleasure demand analogous separation of pleasurable sensations from pleasurable feelings. Here the analytic vocabulary is even less equipped than for the description of pain-unpleasure; the term ' lust ' is too limited in its implications to fulfil the conceptual need for a pleasure sensation equivalent to pain. We propose, therefore, to distinguish ' pleasure sensations ' from ' pleasure feelings ' as terms most in accord with analytic tradition. The entire concept of erogenous zones, which occupies an uneasy place with respect to the conceptual modes of ego psychology, might be more readily integrated into the latter through the recognition that the erogenous pleasure sensations are localized signs which are related to the more general pleasure feelings (of the self) as pain to unpleasure or lust to genital satisfaction. The terminology of the first and second instinct theories is usefully integrated by this formula and the need to separate the description of psychic experience from economic explanations more adequately recognized.

In 'An Outline of Psychoanalysis ' (6), Freud was still pondering the need for a description of perception that would better suit the purposes of structural psychology. He proposed there that the term ' perception ' be limited to stimuli from without and that ' feelings ' be used with reference to stimuli from within. The latter in turn were to be divided into (i) cognitive and localizing ' self-perceptions ' and (ii) ' feelings of pleasure and unpleasure ' (p. 109). An advantage of the newer classification is the recognition that all feelings from within have a more compelling and self-related effect than perceptions from without. A disadvantage derives however from the fact that the ego in its fundamental essence is a ' perceiving ego ' and that all the stimuli which impress themselves upon it are therefore ' perceptions '. Moreover the use of the term ' feeling ' does not obviate the need to distinguish between localized bodily sensations and affective representations; indeed, even in the *Outline*, Freud interchangeably refers to ' sensations of pain ' and ' feelings '. We would suggest, therefore, that the interests of clarity would best be served by distinguishing between (i) external and inner sensations; and (ii) between bodily sensations and (affective) feelings as varieties of inner sensation; both (i) and (ii) are forms of perception.

Perception itself is structurally layered. The *Outline* sets new problems in this area by suggesting the existence of perceiving activities within the id, a concept which is perhaps most readily reconciled with older views by positing the existence of primitive ego-id structures. It results in a certain anomaly that the id, in which perceptual elements are developed at most to a rudimentary extent, is nevertheless described as dominated by the ' pleasure principle ', while the ego, in which experiences of pleasure and unpleasure are more finely differentiated, becomes the operating basis of the reality principle. This curious dichotomy arises of course from the definition of pleasure on the one hand by economic and on the other by experiential criteria. The dream wish—which provides much of the material for the concept of the ' pleasure principle '—does not actually seek pleasure (which, as in orgiastic dreams, interferes with sleep) but rather a state of rest achieved through a substitutive memory that wards off sensations and feelings alike. If the economic ' pleasure principle ' were more accurately designated as the ' tension principle ', a source of conceptual confusion in describing ' pleasure ' would be reduced.

Summary

1. Certain gaps and inconsistencies in the comparative description of pleasure and unpleasure are pointed out. The uneven development of analytic thinking with respect to these two concepts is discussed.

2. Clarity is sought by using the structural model of unpleasure (as in anxiety) for a corresponding structural model of pleasure.

3. The problem of analytic terminology is then examined in relation to structural description. The consistent usage of the terms perception, sensation, feeling, and affect (emotion), as evolved by analytic tradition, is advocated. It is also recommended that the experiences of pleasure and unpleasure by the ego, which in fact become operative signals of the reality principle, be distinguished semantically from the economic concepts embodied in the term ' pleasure principle '.

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DISCUSSION OF 'THE METAPSYCHOLOGY OF PLEASURE'[1]

II. THE PHYSIOLOGICAL VIEWPOINT[2]

By

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I feel privileged in having this opportunity to discuss Dr de Saussure's very interesting paper. The subject of pleasure and pain lies in the forefront of my present theoretical interests; and I wish to regard them from the point of view of physiology, since I have a strong belief that the understanding of the physiological substrate can clarify and sharpen our purely psychological psycho-analytic theories, our metapsychology.

We all know that Freud started out with an attempt at formulating his theories in physiological or neurological terms in the ' Project for a Scientific Psychology ', to which Dr de Saussure refers in the first part of his paper. We know, too, that Freud abandoned that attempt, and for that we are grateful. If he had not abandoned it, he and his followers might not have discovered the tremendous body of facts or formulated the almost purely psychological and largely valid theories which together constitute the science of psycho-analysis. At the time when Freud was making his great psycho-analytic discoveries, there was very little neurophysiology for him to make use of for his theories. However, six or seven decades and two generations have passed since then, and I like to believe that neurophysiological knowledge has been advancing to a point where application of it can clarify some of our psycho-analytic theories.

I must confess that I would not be able to discuss Dr de Saussure's paper as a whole, because of what I feel to be a lack of systemization in it (or is it in me?). Therefore I shall merely try to discuss some of his points which are salient for my point of view, and then if time permits I would attempt to outline succinctly what I think to be the pertinent physiological and behavioural aspects of pleasure and pain.

The author refers to Freud's statement in the ' Project ' that *inhibition* is indispensable to the functioning of the pleasure, and subsequently of the reality principle. Dr de Saussure goes on to speak of inhibition as a specific instinct in its own right. Now inhibition is a neurophysiological mechanism of great importance in the nervous system; it is the opposite of excitation, and there is evidence that it is electrically the opposite and probably very different in its chemistry. I would not want to class inhibition as an instinct, just as excitation itself cannot be considered an instinct. I would suspect and I would hope that Dr de Saussure is here considering an aspect of what I like to view as the instinctual drive of *defence*, which I proposed in a short paper I presented at the 1953 Congress, published in the *International Journal of Psycho-Analysis*. Certainly the massive inhibition which we call repression is one of the most striking of the mechanisms used by the defensive drive, but we know that there are other mechanisms of defence and defensive measures (intra- and extra-psychic) which utilize excitation as well as inhibition.

When the author, in discussing the dynamic memories of the ego, points out that their cathexes can be either positive, facilitating discharge—that is, excitatory; or negative, maintaining a degree of inhibition—neurophysiologically speaking, inhibitory, my impression is that he is showing us an important and useful distinction. However, when he makes his simplified and generalized statement (which I think is on the right track) that positive cathexes lead to pleasure and negative to unpleasure, I believe he is making the same kind of error about causation as the one which Freud corrected in *Inhibition, Symptoms and Anxiety*. Just as Freud then realized that anxiety (a most important form of unpleasure) caused repression rather than the other way round, so we should see that pleasure leads to positive cathexes and unpleasure or pain to negative or inhibitory cathexes, rather than in the reversed causal direction. I think this could be considered a partial statement of the pleasure-pain principle, or perhaps a corollary of it. But I do not want to pursue this further now; it would lead into a discussion of the relation of the pleasure principle to the reality principle, which would be rather off the track of today's discussion.

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[1] ' The Metapsychology of Pleasure ', by Raymond de Saussure, in *Int. J. Psycho-Anal.*, 40, 2.

[2] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

I must say that I like it that Dr de Saussure brings in a *repetition principle* (the principle of Freud's repetition-compulsion) as correlative with or as important as the pleasure-pain principle and its outgrowth, the reality principle. However, I would not agree that the repetition principle (which is perhaps nothing more than what psychologists have called ' habit ') is more archaic than the pleasure-pain principle. Both principles are present throughout life, from its very beginning. The working of the repetition principle is continually modified by learning, and the modifications come about via changes in neural connexions within the central nervous system under the influence of the environment, the instinctual drives, and the pleasure-pain principle.

This brings me, rather ahead of time, to Dr de Saussure's discussion of the metapsychology of cure. He begins by stating that ' neurosis is an illness—a form of suffering, which disturbs the functioning of the pleasure principle '. I would rather say that neurosis is a miscarriage of the pleasure-pain principle. For neurosis has as its first cause repression, which is brought about by anxiety, a most important form of pain or unpleasure. Thus neurosis results from operations of the pleasure-pain principle—the pain (anxiety) which causes the repression and the seeking for pleasure discharges which constitutes part of the neurotic symptoms. But it is an empirical fact, established by Freud's researches and not yet understood physiologically or psychologically, that the unconscious and thus the repressed complexes (Dr de Saussure calls these repressed ' emotions ') cannot be spontaneously modified by the learning process under the influence of the pleasure-pain principle. Thus the repetition principle usurps the primacy of the pleasure principle in the area of the neurosis, and ' treatment ', as de Saussure says, ' is an attempt to restore the primacy of the pleasure principle '.

The psycho-analytic cure is brought about by the gradual overcoming of the anxieties which have caused the repressions and have been frozen into the various resistances. Anxiety is overcome in the analytic situation through the atmosphere of tolerance, which fosters the development of positive transference feelings connected with security and sympathy. These positive transference feelings are pleasureful feelings, and this pleasure is essential for the diminution of the repressing anxieties, the resistance. We must agree with Dr de Saussure that ' in therapy it is not the satisfaction of pleasure which leads [directly] to recovery '. But it *is* the diminution and overcoming of the repressing anxieties which brings about the cure, the essence of which, as Freud showed us, is that the repressed pathogenic childhood drives can now become conscious and achieve various degrees of pleasureful discharge through being subject once more to the learning process under the influence of the environment and the pleasure-pain principle. These new pleasureful discharges of instinctual energy are not the cause of cure but the proof of cure, the new healthy state, which is essentially what de Saussure has said.

This brings me to the only point or guess which I would like to make about the pathology of pleasure, the subject of the final section of our author's paper. I would hazard the guess, which I have not tried to test out, that the various pathological guises of pleasure (such as those discussed by de Saussure) come about when the function of the pleasure is largely to combat or deny an important anxiety, which remains unconscious. This is in contrast to those transference pleasures (security and sympathy) which lead to diminution of resistance anxieties so that they can become conscious. But perhaps this is too simple a view.

I must now return to the earlier sections of Dr de Saussure's paper, and there is where the heart of the matter lies. I am particularly grateful to our author for reminding us that Freud, in ' The Economic Problem in Masochism ', corrected his earlier formulations concerning the nature of pleasure and pain or unpleasure, namely that increase in tension leads to unpleasure, its decrease to pleasure; and ' The quantity of excitation at any given moment determines the quality of the feelings involved '. Freud's correction, as quoted by de Saussure, was as follows: ' There is no doubt, pleasure and pain cannot be referred to a quantitative increase or decrease of something which we call stimulus tension, although they clearly have a great deal to do with this factor. It seems as though they do not depend on this quantitative factor but on some peculiarity in it which we can only describe as qualitative. We should be much further on with psychology if we knew what this qualitative peculiarity was.' I can add at this point that physiologists, too, do not know what this qualitative peculiarity is due to. They have found no difference in the input of impulses over the sensory nerve fibres between pain and non-pain or pleasure stimulation (the work of Adrian and Zotterman, I believe); and they have not yet discovered what processes it is in the central nervous system which bring about the sensory and behavioural differences between pleasure and pain, although there would appear to be some hope that something is to be found here in the physiology, whether based on anatomy or chemistry or both. I do not think this has as yet been investigated, though certain disparate anatomical nerve centres have recently been elucidated, as I shall try to bring to your attention in a few moments.

I want to point out that Freud in that later paper on masochism refers to an obvious observable contradiction, which we must all have noted, to his earlier formulations on pleasure and pain, namely that the great *increase* in tension in sexual excitement is felt as intensely pleasurable.

Now I suppose that I should, and really I would like to, discuss a number of Dr de Saussure's points in his section on ' The Study of Pleasure as Affect '—such as his linking affects to instinctual drives, in which I tend to agree with him; his considering pleasure as an affect, where I would prefer to consider that there are pleasurable affects as well as painful or unpleasurable ones; the relation between affective object pleasure and the pleasure in the satisfaction of needs, in which I would also include the need for protection against and relief of pain and anxiety; and the so-called ' new quality of pleasure ' connected with the operation of the reality principle and the synthesizing function of the ego, etc. However, I prefer now to cut the Gordian knot and to mention the oldest and (I think) the newest neurophysiological experiments which I believe cast important light on the essential difference (behaviourally) between pain and pleasure. Our metapsychology must consider this as part of its basis, just as Freud tried to give a psycho-physiological basis for differentiating pleasure and unpleasure.

The early experiments are those of Sherrington with the decerebrate cat, showing the extensor thrust reflex and the flexion reflex of the hind leg. The former is the model for the pleasure situation and the latter for the pain situation. In the extensor thrust, pressure stimulation on the footpad causes extension of the leg with a continuation and increase of the pressure stimulation and a continuation of the reaction of extension toward the stimulus. In the flexion reflex, the pricking stimulation of the footpad causes flexion of the leg and withdrawal from the stimulus and its discontinuance. I believe that these simple experiments give the essence of the pleasure and pain situations, no matter what complexities are added at higher levels of integration.

The new work is that of James Olds (now at the University of Michigan) and of Neal Miller of Yale University on self-stimulation in rat and cat through electrodes permanently implanted in certain definite regions of the brain, particularly the hypothalamus. A main point in the results of these experiments is the unmistakable indication that there is a separate mechanism for pleasure apart from the mechanism for pain, i.e. pleasure is definitely not merely the reduction of pain or unpleasure. This physiological evidence has a bearing on Freud's correction, in ' The Economic Problem in Masochism ' (*C.P.*, **2**), of his earlier formulations concerning the nature of pleasure and unpleasure, of which Dr de Saussure reminded us in his paper.

DISCUSSION OF 'THE METAPSYCHOLOGY OF PLEASURE'[1]

III. EARLY EGO-DEVELOPMENT[2]

By

RENÉ DIATKINE, PARIS

Any discussion of the metapsychology of the instincts, and particularly of the metapsychology of pleasure, must take into consideration the fundamental transformation of human behaviour which occurs in the first year of life. It is greatly to the credit of the analysts who have studied this first year, and Spitz in particular, that they have shown how libidinal activity and object relationships are organized at this age, thus greatly enriching Freudian theory.

If we compare the behaviour of the infant in the first month after birth with that which it develops at the end of the first year we note several important facts. In the first month of life the human being has an instinctual behaviour comparable to the animal behaviour described by ethologists. A state of tension develops according to certain internal biological laws, and creates characteristic behaviour, such as a waking state, a largely periaxial hypertony, crying. A certain number of stimuli may provoke direction-finding movements of the head or lips, and sucking motions, and then, if the child's mouth is filled with liquid, swallowing occurs until enough nourishment is ingested to produce a 'state of quietude', with cessation of all sucking and swallowing, followed, at this period of life, by sleep.

This activity is characterized by its precise biological finality, and by the fact that it always corresponds strictly to certain definite levels of humoral equilibrium. The state of lack of satisfaction is a real state of need. External stimuli have, on the other hand, a value of their own. They are poorly differentiated (any object introduced into the infant's mouth will produce sucking movements), and are only effective during the state of need. Not only is sucking absent after the feed, but all direction-finding reflexes have disappeared as well.

We are therefore dealing with stimuli of an undifferentiated and discontinuous nature. This discontinuity and undifferentiation of activity is also found in certain animal behaviour. Thus, for many animals at certain periods of their lives, any female of the same species suffices to stimulate mating behaviour, however complicated that may be, whereas at other periods a meeting between them has no effect.

After the eighth month the setting up of object relationships implies a fundamental modification of structure, and Spitz is right in considering the totality of phenomena appearing at this moment as the 'second organizer' of psychic life. We may, in fact, define the appearance of object relationships as the fact that the infant, in all circumstances, reacts to the perception or non-perception of a privileged and always identified 'gestalt' (the face of the mother or mother-substitute). When the infant sees its mother's face, it shows signs of satisfaction which are a continuation of the phenomena of quietude provoked by the ingestion of food; the absence or departure of the mother may induce behaviour exactly comparable to that provoked by hunger in the first month of life. It is therefore justifiable to speak of an oral cathexis of the maternal object. We find here the two stages of orality described by Abraham, non-objectal and objectal. But it is impossible to overestimate the fundamental structural difference between these two forms of instinctual activity. The objectal cathexis is now dissociated from biological purpose, and is in no sense related to the internal humoral state: the infant displays an oral satisfaction at seeing its mother even when it is not hungry, and although her face is not a signal for the intake of food.

We consider that this transition from the discontinuous to the continuous, from the necessary to the useless (in the purely biological sense) is the salient factor in the first stage of the organization of the human psyche, in the strict sense of the word, and we believe that it is only from this moment that we can speak of pleasure, a word which shows that the satisfaction of purely biological need has been left behind. We believe that the moment when instinct is thus left behind is the moment of the formation of the libido, and that in spite of a common dynamic origin, it is to this extent different from other purposive biological activities, such as are observed by embryology, general biology, and ethology.

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[1] 'The Metapsychology of Pleasure', by Raymond de Saussure, in *Int. J. Psycho-Anal.*, 40, 2.

[2] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

This gratuitous valuation of an object, linked as it is to human prematuration, is at the basis of all later complications of psychological life. By the displacement of cathexes it allows the development of cognitive activities. It endows man's genital life with its special characteristics, and commits him to a social life which is not limited as in most animal species to the needs of reproduction or the rearing of young.

We must, however, remember that certain species are capable of developing object relationships which do not lead to such a profound reorganization of behaviour. The goose described by Lorenz is the best known example, but there are many others.

This special valuation of a 'gestalt' also explains the fact that the object can never provide a total satisfaction, since it can never play a truly alimentary rôle. In this sense it is possible to say that the primitive object relationship is essentially psychotic, and that it creates fantasies of incorporation, the first compromise between reality and the libidinal drive.

With Lebovici, Ajuriaguerra, and Garcia Badaracco, we have shown how one can follow the transformation of need or of pain into anxiety, an ontogenesis parallel to that which leads from pain to pleasure.

Although the development of the ego allows a regulation of pleasure and anxiety, we should not overlook the continuity of instinctual evolution and the fundamental importance of pre-objectal stages in the establishment of object relations, the culmination of a transformation which will affect the subject's whole life, even if, in analysis, we can only observe traces reflected in language and in the objectal world.

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ON BASIC UNITY[1]

By

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I

In the analysis of patients whose transference manifestations are of a psychotic rather than a neurotic kind I have found two characteristic phenomena which I want to examine. One is a particular position which they attempt to force me to accept; the other is the supreme importance for them of body happenings, as shown in their acting-out—i.e. body memory.

These patients are people who cannot in any circumstances take survival for granted. There exist in their memories experiences of something which we must really regard as annihilation; in many cases there has been in early infancy some actual threat to life—illness of the infant, or mother, hostility in the environment, etc.

They have been variously described; objectively, as suffering from, e.g. a ' basic fault ' (Balint, 3) or ' psychological catastrophe, or disaster ' (Bion, 4) and subjectively, by themselves, ' I am cut off from my roots ', ' I have a fracture-dislocation '.

Their insistent, prolonged, and exhausting efforts to repair this condition have been described by a number of writers as attempts to establish a ' symbiotic ' relationship with the analyst, but I think this use of the word is a misleading one. In my experience it is not a state of symbiosis that the patient seeks to establish, but rather one of total identity with the analyst, and of undifferentiatedness from him.

Some clinical illustrations may help us at this point.

(i) *Miss E.* told me that, when I first went to the hospital where she was, in place of the doctor who had been treating her, she had thought to herself ' Here's a new doctor; she wants a patient '.

At first sight this could be seen as a piece of realism, and secondly it can readily be understood as projective identification; it was in this way that I interpreted it to her, and she accepted my interpretation. Only after many years of analysis did I come to recognize that it had meant much more than that, and that although she accepted the interpretation she could not really use it. She had understood my need of a patient and her need of a doctor to mean absolute identity of person between us; her acceptance of the interpretation also meant identity of person, as did my acceptance of her for treatment, whereby I tacitly confirmed her in her belief, asserted that I too believed it, and was therefore, once more, one with and inseparable from her.

This patient's breakdown had followed a threat of separation from her sister with whom she believed herself, in a delusional way, to be identical. Her recovery has been based on this delusion of total identity with me, which has had to be gradually broken down, as far as factual reality is concerned, while the psychic reality of it has had to be preserved with the greatest care. I will refer to the technical aspects again later.

(ii) *Mrs M.* was referred for psychotherapy, as being ' very ill mentally, with various psychosomatic symptoms; if not treated she may develop a serious physical illness and die '.

She was unable to lie on the couch. She found great difficulty in keeping her appointments, because she lived a long way off, and had a little girl aged seven. Although the sessions were arranged to fit in with the child's school life Mrs M. started bringing the child with her, and then tried to get her husband to come too.

She painted three portraits of me, all of them with large dark eyes, like her own; and she told me that her mother, whom she was said to resemble, had also had them. I drew her attention to the eyes in the pictures, and asked if she thought mine were really like that. She looked intently into mine, and said ' But that's how your eyes *are* '. (I would contrast this with a neurotic patient who got up off the couch, after spending an hour talking about my white hair, and laughed at his picture of me.)

Mrs M.'s mother had died when she was born, and her father had laid her beside her mother's dead body,

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[1] Expanded version of Paper read before the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959. Read at a Scientific Meeting of the British Psycho-Analytical Society, November 1959.

' so that she would have known her, at least for that time '. She drew me a picture of this episode, so that I would also have known her.

She gave me enormous bouquets of flowers, usually white ones, circumventing any attempts on my part to understand the unconscious significance of the gifts, and at Christmas she brought me a large card, with a picture of a cat, and the caption ' From one cat to another '.

After a few weeks of treatment she left her husband and child, and took a flat where she expected me to live with her. When she found that I did not she interrupted her treatment altogether, and found a lover. He stayed only a few weeks, and shortly after he left her she went into a sanatorium suffering from tuberculosis.

I did not analyse Mrs M., but I came to understand something about her through work with other patients.

I have described elsewhere (10) as ' delusional transference ' this tenaciously held, absolute belief in the analyst's total identity with the patient himself, and with his parents, both deified and diabolized (i.e. having magical qualities, good and bad). It also extends to everyone with whom either the patient or the analyst has any relation; in effect, it extends to the whole world, both of people and things, of thought, sensation, emotion, and movement. The state of total undifferentiatedness I have called ' basic unity '; it is, actually, a delusion, but a valuable one, and as I shall show later, it is founded in certain factual realities, of whose memory it is the psychic representation. It is also a state to which the patients concerned apparently need to regress, in order to repair the ' basic fault ' or psychic ' fracture-dislocation ', i.e. to find their psychic roots.

This unconscious delusion, of course, only exists in certain areas of the patient's psyche, otherwise he would be totally insane; in other areas he is well aware of the reality of the analyst as a different and separate person from himself and from his parents, and non-magical; and this awareness of the reality is used as defence against the delusion. This use of one reality against another is, in fact, the most difficult of the defences to penetrate, because giving it up exposes the patient to acutely painful states of increasing depersonalization, which are experienced as chaos or annihilation.

The fear of annihilation, however, is dynamic and all-pervading, and therefore governs the patient's reactions and his behaviour, both in relation to the analyst and to his environment. This fear, and the drive to establish identity with the analyst, lead him both to avoid these states of depersonalization and undifferentiatedness, and at the same time to seek them, at any cost to himself or to the analyst. By reason of the life-and-death quality of the patient's experiences, his concrete thinking, and inability to make deductions, and the fact that events belonging to earliest infancy are being lived out in a grown-up body, these phases of the analysis contain a large element of actual danger (suicide, death, or attack upon someone, often the analyst), which calls for great care in the management of the case. In fact, the management becomes a vital part of the analysis itself, psychically if not actually, and the body events may become the interpretations. Verbalization then becomes the second stage in a two-stage process, both stages being necessary for real insight to be attained, but the second being only effective as a result of the first, i.e. of the body happening.

These states of depersonalization appear temporarily in the course of the analysis of a transference psychosis as states in which, psychically, nothing is differentiated from anything else; there is apparently awareness of one thing only, distress or pain of an overwhelming intensity, such that all else is annihilated, including any sense of being a person, even that of being a person suffering. Discharge, and consequent differentiation, comes through some body event—a movement, a scream, salivation, etc.—by means of which some kind of bodily contact with the analyst occurs. Through repetitions of such events the patient comes gradually to recognize the difference between his body, his sensations, and his emotions, while those of the analyst are discovered as separate from his. The event has concerned two people, and the patient discovers himself as a person who has moved, screamed, etc., in relation to another person, whose separate existence, experience, movements, and responses can also be recognized. The delusion breaks up, recovery begins, and relationship becomes a possibility.

The importance of these body happenings lies in the fact that in those areas where the delusion is operative the patient is to all intents and purposes literally an infant, his ego a body ego. For him, in these areas, only concrete, actual, and bodily things have meaning and can carry conviction. These areas are separated off from those where deductive thinking, inference, and symbolization operate, but not through splitting mechanisms. The ' basic fault ' is a failure of differentiation and integration, splitting being an ego activity belonging to a later stage of development.

What appears to happen in these patients through their states of frenzy and depersonalization is a process of alternating differentiation and integration in which a kind of *first awareness* or discovery is experienced, which might be regarded as ‘ personalization ’. The person can then go on to ‘ reality testing ’ later, in connexion with verbalization.

This ‘ first awareness ’ is often a first awareness of the body, or of some part of it, for these patients behave as if the body were only some kind of appendage to which they happen to be linked, which is more a nuisance than anything, and not an essential part of the self. The body is thrown around, in unawareness of sensation, function, or purpose, like that of an infant, and surprise is expressed when these things are found.

The quality of this first awareness has led me to understand the body happenings to which I refer as relating to body memories of pre-natal and earliest post-natal life which have not been assimilated. It seems to me that in these patients there is a discontinuity between those earliest body memories and later experience, and that this discontinuity must be repaired before survival can be taken for granted. Only when this has been brought about can certain other processes follow, one of which is the development of the pleasure principle, for pleasure is not a reality, and can have no meaning, except in survival.

I would like to illustrate what I am meaning by talking about a lump of plasticine.

A lump of plasticine is homogeneous; it may have shape perceptible from outside, but not from within. Outside, it may in fact be related to other objects, but it takes no account of them; within itself it is nothing other than itself. A piece of it may become protruded, or nipped off, formed into another shape, and stuck on again —i.e. assimilated back to the lump, but differentiated from it, retaining its new shape or character. Here is the beginning of differentiation and integration, and of creation. The basic unity of the plasticine is first broken and then restored; there is coherence and stability, and a fresh place to go on from, but the essential nature of the plasticine (its φύσις, in the original meaning of the Greek word) remains unaltered.

In speaking of the undifferentiated state as it appears in the analysis of adults I mean such a ‘ lump of plasticine ’ state; one to which the patient has needed to regress in order to come forward again by means of new differentiation and the assimilation of new experience, finding and extending his basic unity. (This state of undifferentiatedness may of course be used defensively against the recovery of repressed memories and ideas, but this is not what I am attempting to discuss here.)

The analogy with the lump of plasticine can be strained too far, but I am using it to show the difference between a very early state, where psychically, the patient-infant is, so to speak, a lump of plasticine, and a much later one, where ideas of inside and outside, or ‘ me and not-me ’, have begun to develop. He may then believe his whole inside to be full of homogeneous plasticine-like stuff, which he can imaginatively put outside himself, filling the whole world with it. In this earlier state nothing exists but himself; it is a monistic state of auto-erotism, or more accurately perhaps ‘ pan-autism ’, by which I mean a state in which nothing but the self exists.

Ideas such as projection, introjection, identification, subject, or object can have no meaning in relation to something totally undifferentiated, except from outside it. Differentiation comes about through movement, contact with the outside world (discovery), and assimilation back to the lump, or integration. At this point ‘ auto-erotism ’ may begin to change into narcissism, narcissism being by definition concerned with the self as both subject and object.

I am thinking here of a passage in Freud’s paper ‘ On Narcissism ’ (8):— ‘ We are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed. The auto-erotic instincts, however, are there from the very first, so there must be something added to auto-erotism —a new psychical action—in order to bring about narcissism.’

In my view this ‘ new psychical action ’ is the beginning of the rhythmic processes of differentiation out from the primordial undifferentiated state, and integration, or assimilation back, of the differentiates. When these processes are disturbed narcissism fails to develop, auto-erotism (or ‘ pan-autism ’) remains, and ego development may be seriously impaired, with grave risk to the psychic life of the individual.

As far as objective reality is concerned, I would repeat, this undifferentiated, ‘pan-autistic’ state is a delusional one, and it remains unconscious until it is uncovered in the analysis; no patient is in fact an infant, or wholly undifferentiated, and the delusion, although accepted as true for the patient, is not shared by the analyst (unless, unfortunately, he has something of a counter-transference psychosis).

It follows, then, that in the patient's delusion, patient and analyst are one and indivisible, identical and continuous, and without differentiation either within the entity, or between the entity and anything in the outer world.

II

I want now to consider the primordial state of the foetus in intra-uterine life. There is at this time a unity with the mother which is broken up by the birth process. Up to the time of birth, although the foetal circulation is distinct from that of the mother, the mother's respiratory, digestive, and excretory systems are functioning for both, i.e. for the entity.

The foetus is in fact wholly dependent upon the mother, without whom it could not continue to exist. The mother, of course, is not dependent at all upon the foetus. The state of affairs, then, more resembles a parasitic one than one of symbiosis, but to look upon it in this way is to do so from outside rather than from inside. From inside, as it were from the point of view of the foetus, it is a state of unity, or absolute identity, between foetus and mother.

This intra-uterine state, with its continuity with the mother, provides the infant with the stability which is needed at the outset of life; and the total birth experiences, and those which immediately follow, seem to set the pattern which tends to persist. At birth the first major contact with the environment is experienced, and it appears that only if something near enough to the intra-uterine state is re-established, and maintained long enough without further disturbance, can the experience be assimilated (i.e. linked with pre-natal body experience) and become a useful one. Assimilated, it can lead on to further differentiation and integration; it can be psychically elaborated and become creative, not disruptive. It becomes in any case a point of reference for every subsequent experience.

That is to say that every subsequent experience tends to become psychically *either* a restoration of the undifferentiated state, out of which differentiation and integration can safely occur, *or* dissolution, bodily dismemberment, and chaos.

' Return to the womb ' has been thought of as something universally desired, a state of bliss and absence of demand; and it sometimes happens that a patient who regresses in analysis is looked down on, and thought of as lacking in something positive, that is of value for life. In my experience this view is mistaken. The matter of psychic return to the undifferentiated state (or rather of finding again still existing areas of undifferentiatedness), basic unity, is a matter of life and death—psychic, if not bodily, life or non-life, and new integration between the psyche and the soma depends upon it. The regression is in fact extremely painful and frightening.

Certain realities of the analytic situation can be used in building up the psychic unity between analyst and analysand. For example, it is a fact that analyst and analysand are parts of one another's lives for the whole duration of the analysis (which concerns both) in an inseparable way. One room and one hour serve both together, as an entity; and there are times when one of them thinks, feels, or acts for that entity, rather than for either as a separate being, or even for both as linked together.

The entity is, of course, an imagined one, whose reality for the analyst is limited, and different from that of the analysand, who seeks to make it actual. If it be recognized and accepted imaginatively by the analyst it means that he goes the whole way with the analysand psychically: if not, there is repeated failure to reach the basic unity, repetition of original failure, and repeated hopelessness, out of which nothing comes; the analysis drags on to eventual failure, either in abandonment, or in pseudo-success which is only a papering-over of the cracks.

III

In this next part of the paper I am concerned with questions of analytic technique. The underlying principle I have already stated; it is that of acceptance by the analyst of the truth *for the analysand* of his delusion of absolute identity between them, his entering into it, and demonstrating both its psychic truth and its objective untruth.

The presence of delusion makes necessary the use of certain extensions of ordinarily accepted technique, and I want here to gather some of them together.

(i) Analysis of transference psychosis can only be carried out in regression, and regression to dependence for life (though this does not mean regressive illness in every case). Where ordinary conditions are not enough, some adaptations may be needed to make analysis possible, such as hospitalization, the analyst visiting the patient, altering his room or his time-table, interviewing relatives, etc.

(ii) Those who look after the patient (in factual reality) become psychically not only extensions of the analyst, but identical with him. At times, at least momentarily in the sessions, he takes over (in the delusion) being various aspects of the patient, his ego, his fear, his love, etc., sometimes, even, his body, or part of it.

(iii) In the areas where the patient cannot use inference, analogy, symbolization, or deductive thinking, realities that are actual, concrete, and bodily are used, in order to show the unreality in fact of the delusional ideas. These things are linked secondarily with words, which bring them into relation with those other areas where the delusion does not obtain.

I am speaking here of such things as answering questions, touching or being touched by the patient, or using objects as if they were the things they represent (' symbolic realization ', as described by Mme Sèchehaye (11)), or direct use of the analyst's own emotions. These have been regarded as dangerous, or in some way destructive of the analytic situation itself, but in my experience this is not true. It is true that a much more ' fluid ' situation is produced by using them, and that this may provoke much more anxiety in the analyst, but that is a different matter.

(iv) Interpretations are not all verbal. I spoke earlier of a two-stage process of interpretation, in which the first stage is non-verbal, the body happenings or objects becoming the actual interpretations, whose result is discovery; the second being verbalization, out of which come reality-testing and insight. It is as if one were dealing first with a psychotic and then with a neurotic layer, though the transference phenomena remain at a psychotic level until both stages have been passed.

(v) In adapting to the needs of the individual patient in this way, the analyst is limited only by the limits which he finds in himself, or in his patient. There can be no 'Absolute' or 'Canon' of analysis, or of any particular technique, only the application of the fundamental rule must be allowed to become flexible and extensible.

Limits are in fact found, and there is no occasion for the fear that if once a patient is allowed gratification in a regressed state there will be no end to it. In his regression the patient is, psychically, an infant, and infants do need gratification and *are*, frequently, satisfied. It is necessary to remember, and to acknowledge to the patient, that it is not possible to satisfy fully his infant needs in his grown-up body, and that even if it were, it would be at a cost to his mature self, which would be offended; but this very acknowledgement to some extent offsets the lack of satisfaction, and is itself a gratification that he can use, when it is combined with the partial bodily satisfaction.

The finding of these limits actually depends upon the unity which does exist between analyst and analysand. It is a difficult thing to describe, but once it has been experienced it becomes understandable.

If the analyst is sufficiently one with his patient psychically, he experiences him, at times, as himself, or himself, at times, as the patient. But because of his unity with himself he also experiences what he says or does to be himself. ' What I do is me; what is not me I do not do ', and ' I do this, here, now, with this patient; I do not do it with him at another time, nor ever with that other patient '. It is a part of owning himself, for the patient is his work, and his work and actions are himself.

Conversely, there are points at which the patient experiences the analyst as himself, or himself as the analyst, and, accepting the analyst's unity unconsciously as his own, will find a limit which the analyst then recognizes as appropriate to himself.

(vi) These extensions serve the limited and specific purpose of the analysis of delusion, and their use for this purpose is founded in, and inseparable from, classical technique, of which it is a logical development. Without such foundation it would be merely ' wild analysis ', or something mystical, and truly dangerous.

For a longer or a shorter time the analyst (or some psychic extension or part of him) is all that stands between the patient and death, and at some moment he has to stand aside and allow the patient to take his life into his own hands, separating himself out from the entity, integrating with himself, and becoming either a living human being, a person, or a corpse. The analyst can do nothing but be there, a whole and separate individual, with his own unity which he has made available to the patient.

From this moment the delusion breaks up from inside, as it were; the adaptations are gradually discarded, and verbalization increases. I would like to remind you again here of Freud's description of the break-up of a delusion, in his commentary on Wilhelm Jensen's story ' Gradiva ', entitled ' Delusion and Dream ' (7).

The outcome of the analysis of a transference psychosis is that the analysand finds and retains a psychic unity with the analyst, while establishing a true separateness from and independence of him. Once this comes about he becomes capable of forming mature relationships, and of carrying out his analysis within himself.

IV

In my last section I want to say something about the implications and applications of this idea of basic unity, both in the analytic situation, and as we find it in ordinary life, as a normal and as a pathological thing.

It is of course more obvious as a pathological thing. As regards analysis—here is another piece of clinical material. I know that it can be taken in several different ways, but I am asking you to consider with me only the one aspect, that relating to the earliest level of development, the level that is preverbal, existing before object relations are developed, where body experience is all-important; any kind of differentiation is only just beginning there, so that it is also pre-ambivalent and conflict-free.

‘ I find I haven’t told you something, and that it’s because I thought you already knew it ’, says *Rosemary*. ‘ It’s so much easier to talk to you when you aren’t really there than when you are.’

Rosemary has never sorted herself out from her sister Joyce, who is two years older. All childhood happenings, ideas or feelings are told of the entity ‘ we ’; (‘ We did this, We hated that ’). She and Joyce are indivisible; she ‘ never feels a person ’, but is often ‘ two people ’, and sometimes ‘ half a person ’. At the beginning of a session she frequently doesn’t ‘ know how to begin ’.

Three months after starting analysis, on her way to a session with me she went into a big store to buy food, to entertain a favourite aunt who was visiting her. She collected some things, as much as she could hold, and then put into a string bag on her arm a bar of chocolate and a box of small cheeses. She paid for everything except these, which she forgot. On leaving the store she was stopped by the store detective, who accused her of stealing them. Police were called; she was taken to the police station and locked in a cell for some hours, while her identity was checked. Next day she was charged in the Magistrate’s Court, where she appeared without a solicitor, and was remanded for a week.

It never occurred to her to say that she was in treatment, nor, although she asked to be allowed to telephone to say that she had been prevented from keeping her appointment, did it occur to her to let me know what was happening. Several days elapsed before I knew.

Her movement, putting out her hand to take me (in the non-human form of cheese and chocolate) brought her up sharply against the environment, society, and the whole machinery of police, court, etc., and this interfered with the assimilation of the movement. The chain of events that followed effectively disrupted a process that was just beginning in her, and so repeated the happenings of her earliest infancy. They represented all that she most dreads and is constantly expecting.

Rosemary has not yet differentiated her mouth out from the rest of herself, or herself from her devouring surroundings. She suffers from anorexia nervosa, and she describes herself as ‘ cut off from my roots ’.

At the time of her visit to the store Rosemary was functioning separately on at least two different levels, and I am understanding the separateness as being due to a failure of fusion, rather than to the action of a splitting mechanism. There was a person, who could choose and arrange a meal, which she would provide for another person for whom she felt affection. This argues both a high degree of differentiation and organization, and the existence of object relations. At the same time, on the earliest level she was not yet differentiated out from her environment, or aware of its existence. She was an infant, in whom a movement happened which should have been creative, leading to differentiation and integration, becoming an assertion or statement of herself. But the movement was met by the environment in such a way as to bring about disruption instead.

Although to all outward appearance she was entirely composed and self-possessed, and gave her evidence in court simply and clearly, it was a matter of years before she could talk about this episode, and verbal interpretations given at that time brought no response. When she did finally talk about it it became clear that the only things that had had any reality for her were my presence in the court and what I actually said and did on her behalf; and it was important that the magistrate in discharging her said ‘ I believe your doctor when she tells me that you are ill ’, and not ‘ I believe you when you tell me that you did not steal.’

Some months later she told me of the only time she had stolen in childhood. Joyce was ill, and Rosemary (*aet.* 11) did not even know whether she was alive or not; nobody told her, and she could not ask; the separation was absolute. Rosemary was sent to stay with this same aunt. In a shop she saw a little shell purse lined with red silk; she took it and kept it secretly for years, always feeling guilty, as if she had committed a murder.

Last year I was away from her for some time, and I was very doubtful whether she would kill herself, or get ill and die. I lent her a book of poems by Walter de la Mare. Some time later she told me with great difficulty that two years before that she had found a poem in a magazine in my waiting room; some of the words ' seemed to belong to her ', and she had cut it out and kept it. When she showed it to me I could see why it had so much meaning for her, as the shell purse had had.

Throughout her analysis she has continued to be paralysed with terror, and unable to find any starting-point other than something happening in me. She will clutch my hand, and I speak of it as showing me this terror, and relate it to material of the previous day, or of other occasions when she has done the same. Only when I point out that the pressure is so great as to be painful to me, or that my fingers have ' gone dead ', can she begin to talk. Her silence and immobility can remain total for weeks on end, and only when I show signs of life in some explicit way (for anything merely implicit is useless) can she begin to tell me what has been going on. It was a matter of amazement a short while ago to discover that the person to whom she talks when I am not there does not reply, for it is herself, and not me; also that her own part in some of the childhood games is clearly distinguishable from that of Joyce. Her ' We ' is beginning to break up.

At last I have begun to find something of how her analysis can perhaps be done. She is beginning to talk comparatively freely, and to feel a person; and the analysis is becoming steadily a more ordinary one. I may add that in the outside world she does not give the impression of being a schizoid or withdrawn personality at all.

In the light of this idea of absolute identity between patient and analyst I think we have to reconsider our ideas of such mental mechanisms as projection, introjection, condensation, displacement, and all that Freud included in the term ' dream work '.

I spoke earlier of the analyst who experiences the patient as his work, and his work as himself. It is like the poet, who speaks of ' my love ', meaning both his loved one and his own emotion, which is himself, and we can see here how what we have considered to be condensation becomes instead a regression to the primordial undifferentiated state. Similarly, in the first clinical example I quoted, what appeared to be projective identification turned out to be an assertion of absolute identity with me.

For this same reason, that to them everything is one, patients who show a transference psychosis bring dreams whose latent and manifest content are the same.

I have said more about the need to reach the basic unity than about the fear of it, though I have mentioned this. Fear of the idea arises from its very nature, for the point of unity is also the point of annihilation; it is the point of paradox, or chaos, or absolute ambivalency, where opposites are simultaneously the same thing and utterly different. It is not only the analysand who experiences this anxiety; the difficulty is shared by the analyst, whose task of being simultaneously absolutely one with, and separate from the analysand; deeply concerned (or engaged, to borrow Dr Fordham's (6) expression), but not involved with him is so difficult already. This fear results in abhorrence of the word delusion, and in rigid adherence to verbal technique alone.

I am postulating that a universal idea exists, as normal and essential as is the Oedipus complex, which cannot develop without it, an idea of absolute identity with the mother upon which survival depends. The presence of this idea is the foundation of mental health, development of a whole person, and the capacity for holistic thinking. It is to be found not only in the delusions of the mentally sick, where it takes the form of transference psychosis, but also in the sane and healthy.

The most obvious and immediate example is here, right now. You and I can only understand each other in so far as we possess a unity which is a psychic reality, to which temporarily we unconsciously regress. This is how empathy works. The finding of agreement, or consensus of opinion between individuals or in any group, depends upon it; in turn agreement strengthens unconscious belief in survival, and so provides the necessary security for tolerating differences and disagreement elsewhere.

Contact or communication between the artist and his public depends upon the presence of, and regression to, this unconscious delusion in both;

for to the artist his creation is his work, is his feeling, is himself; and to the hearer or the viewer what is heard or seen is *his* feeling, is his response, is himself. So each psychically *is* the work of art, and *is* the other.

Other manifestations that I would regard as normal can be found in such things as provision of school uniforms, existence of the flag as a national symbol, and the behaviour of gardeners who give each other plants, until their gardens contain the same things but still remain essentially different.

Where the basic unity has *not* been established, either in infancy or through analysis, annihilation anxiety persists, and unity will be sought, and avoided, in such things as ideologies, organized religions, secret societies, folies à deux, etc.

I have not the space to go into this in detail here, but it seems to me that in *Group Psychology and the Analysis of the Ego* (9) Freud has talked about this very thing, especially in his reference to organized groups with a leader.

The relationship between the members of the group is an attempt to deny separateness and difference, while the relationship between the members and the leader simultaneously asserts it. These groups are largely concerned with self-preservation, i.e. with survival, but the price of that survival is loss of individuality. Juvenile gangs of various kinds are largely composed of members who feel not only that their existence is precarious, but that it is not real, and that the only certainty is annihilation.

Organized religion offers a defence of a kind against the death that is the certain fate of the isolated. Those who use such a defence but cannot submerge their individuality enough seek in such things as mysticism or pantheism to lose their identity in ‘ mystical union ’ with the ‘ Wholly Other ’, and to find survival in a life that is merged with that of the Cosmos.

THE PRE-OBJECT UNIVERSE IN THE TRANSFERENCE SITUATION[1]

By

SACHA NACHT and S. VIDERMAN, PARIS[2]

It is a truth well known to all psycho-analysts that man is motivated by two fundamental and opposing drives; one, the positive, urges him towards love, unity, construction; the other, the negative, incites him to hatred, separation and destruction. These opposing needs may be either blended, or pursue a parallel track, in one and the same individual, unless one need replaces the other, as will be pointed out later by one of the authors, when dealing with depressive states (11). Furthermore, these contradictory aspirations become apparent in the transference situation, where they reproduce the harrowing experience imposed by their alternation at a time when subject and object have already been differentiated.

It sometimes happens, however, that in the course of analysis we reach a deeper, more secret and unchanging level of the psychic structure, characterized by an intense need for absolute *union*, at which the individual appears to desire nothing better than a return to the original world, *in which there was, as yet, no separation.* It would seem that fear, mother of all human ills, first started, in this type of patient, with the feeling of separation, and that he retains both a burning desire to recover a state of union, of peace and plenty—the pre-object state *par excellence*—and a profound wish to be at *one* with the object, to be in some sense fused with it.

Philosophers of every epoch have recognized this fundamental human need for union, each interpreting it according to his own vision—whether in the immemorial Chinese philosophy of Lao-Tse, or in the pre-Socratic philosophy of Heraclitus or in certain well-known Platonic myths, without mentioning Bergson and many others. And if we pass from philosophy to religion—and the word ‘ religion ’ itself derives from *re-ligare, to tie* and thus to unite—everywhere we find an outpouring of this eternal desire for union. The great mystics are said to experience this perfect union in the privileged moments of ecstasy. In them the desire for fusion leads to a negation of the ego, which loses its autonomy: the ego is rejected as the enemy which opposes the union between the self and the other.

Leaving aside these exceptional experiences, these exceptional destinies, let us accept that the same aspiration, muted, stifled, and repressed, exists in all men without their knowledge: it remains buried and unknown in the recesses of each individual psychic structure. However, the technical conditions of analysis and the analytic situation proper often implicitly invite the patient to relive not only all that he has already experienced and then forgotten, but also all that he may have *wished* to experience but have been unable to achieve. This is true of the fundamental need for union which has, perhaps, its origin in something earlier than what we normally call a lived experience.

The state of perfect union with the object which, no doubt, precedes birth and disappears afterwards little by little, is an experience which leaves no trace even in unconscious memory as we normally understand it, yet, beyond that unconscious memory, it stamps every individual with its indelible mark. Union-separation—two moments of which man is all the more painfully conscious in that he has, as it were, an *organic* awareness of their opposition. That is why, unless one is careful, some patients, admittedly few in number, whose psychic structure it is not always easy to define, react to the analytic situation by such a profound regression that they revert to its most archaic form. They seek that state of total union in which both desires and needs disappear. Now it is these desires and needs which are a source of excitation in man, and hence of tension, leading to a state of unsatisfaction, if not of suffering. The state of union sought by the patient, which alone can bring him peace and a sense of well-being, drifts little by little into becoming a return to the original undifferentiated state, in which no tension can exist.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] Translated from the French.

We should, however, make it clear that the patients we are talking about are neither psychotics nor para-psychotics; it is noteworthy that this intense need for union appears to lack all trace of primitive aggression, such as oral aggression, as is found in the aggressive introjection of the object by the melancholic. In this type of patient the ego, in spite of its protective function, is precisely the element that separates the patient from the other. The ego, therefore, is practically dissolved in the analytic situation and the patient reverts to the period in which the possibility of life and survival depended on a perfect fusion with an environment not yet recognized as something different from himself. The first separation occurs at the moment when the environment is felt to be effectively different from himself. It would seem that for patients of this very special type, the emergence of the ego functions has been experienced as a new birth, hence a new separation. If the psycho-analyst has not been able to stem this headlong regression at the right moment, or to check its expansion, the patient reaches a point at which any intervention, being necessarily addressed to the ego, is rejected as such. The patient refuses to accept this relationship *à deux*, which is felt to be a renewed separation from the object, and therefore a fresh wound.

It is difficult to describe this situation clearly in brief, but it is evidently incompatible with analytic work, and the treatment deteriorates into an analysis without outcome. We have therefore thought it useful to invite attention to this somewhat unusual and insufficiently appreciated aspect of the analytic relationship. The analytic situation is, in fact, designed to encourage the patient to sidestep the defensive activities of the ego. Regression compels the patient to abandon the most carefully elaborated ego structures, and thus to re-enact a certain number of primitive experiences, preceding the formation of the ego and the setting up of object relationships.

Man is the only living creature to be born incomplete. The neuro-physiological prematurity of the infant makes it a dependent creature that has arrived too early, and hence the vital necessity of close union with the mother, a natural prolongation of its intra-uterine existence. In the early neo-natal period the role of the mother is so important that there is no exaggeration in saying that there is an organic continuity between intra-uterine existence and the first months as a suckling.

During the regressive stages of analysis some patients will be tempted to renew this primitive relationship to the mother, a global, undifferentiated relationship, more akin to a biological than to an object link. This nostalgia, revived by the analytic relationship, can hardly be considered an authentic transference situation, in the usual sense of the word; that is to say, it is not a past experience re-experienced in the present thanks to the analytic process. We agree, of course, that the dynamic of transference, in the strict sense of the word, is drawn from man's perpetual search for object relationships and the subsequent cathexis of libido on to the object. But the analytic situation as a whole goes beyond the elementary dynamic of transference perhaps to include the original, primitive experience of Being and to express its essence. From this point of view it is legitimate to describe the analytic situation as an ontological experience.

The biological prematurity of the infant leads to a deep sense of insecurity and affective incompleteness. The individual thus endeavours, in the search for an object, to find a reassurance that is always precarious. Union with another seems to be a fundamental necessity in man. It is, of course, out of the question to extrapolate from this situation, and to conjure up visions of a foetal world bathed in beatitude. What can, however, be said is that everything happens *as if* fusion with another were the response to a fundamental need.

If we take the experience of certain patients during their sessions, we find that sometimes the analyst's words seem to be a duct of some alimentary system, suggesting an almost anastomosic link between subject and object; at other times any interpretation is resented as setting an intolerable distance between the two, and constituting a rupture of union. This suggests very strongly the idea of a primary bond, a state of indistinction in which the subject is confused with the object in an undifferentiated unity. It would seem that the nostalgic longing for fusion was born of the primitive insecurity which can only be overcome by the link with the mother.

This primary need will never be entirely outgrown and the individual will live as if he had been *rendered incomplete.* This might also provide a wider interpretation of the Platonic myth to be found in the *Symposium.* It then appears as if this rupture of primitive unity and the withdrawal of the object, abandoning the subject, were insurmountable. It will be experienced as the loss of such an essential part of the self that all further development will be characterized by a sense of *radical deficiency.*

A consideration of all these aspects of the problem suggests that the breaking of this deepest link is, as it were, an incurable wound which affiicts the destiny of the whole human race. It would seem that the forces of *involution* drive the subject to dissolve into the original undifferentiated universe, beginning with the renunciation of all that individualizes and separates him from his environment, that is, his ego. This quest for the lost unity is crucial: it is the most moving expression of a fundamental aspiration which transcends both word and affect to become, in its essence, the expression of an ontological deficiency.

Apart from the contents of conflicts which can be verbalized and re-experienced in the transference, very few authors have attempted to describe this indefinable moment which goes beyond the framework of actual experience, yet forms the foundation of the analytic universe. In his study of birth trauma, Otto Rank perceived the analogy between the two experiences, that undergone in the analytic situation, and that of the earliest, physiological relationship between the infant and its mother's body. But whereas Rank places his whole stress on the fear of separation and gives a preponderant place to birth in the neurotic history of the patient, our own observations lead us to believe that the desire for union goes beyond foetal existence and birth, to aspire to something much vaster and deeper, the return to the primitive homogeneous universe.[3]

Greenacre (2) has recently spoken of a ' fundamental transference ' based on the preoedipal mother-child relationship. In this author's view the quasi-union of mother and child represents the ' matrix of transference '. This concept does indeed postulate a fundamental relationship, but rather different from the one we were considering since it is much later to develop and already implies an object relationship, that is to say, the existence of, at least, a ' dawning ' ego, to use the author's own term.

Bouvet (1) has also spoken of the intimate link which appears in the transference relationship between therapist and patient, and has employed the term *consubstantial union.* Jacobson, Grimberg, Stone, and Grunberger,[4] the latter quoting the previous authors, have spoken of a narcissistic union in the analytic situation. It is hardly necessary to say that the facts mentioned here should be interpreted in anything but a narcissistic light, since we are describing a movement towards limitless fusion, in which subject and object melt into a single undifferentiated unity. In our opinion there is an abandonment of the ego, of which the patient wishes to be free, in order to be no longer himself but the other. On the other hand, Pierre Marty (8) in a study of allergy in object relationships approaches our conception more closely, apart from the fact that the relationship we are studying is anterior to the formation of the ego and hence to an objectal relationship.

Let us now consider briefly the technical consequences of the foregoing remarks. Such regressions create, in our opinion, a serious problem, since they are a formidable threat to the outcome of the treatment. Having recognized the danger, how can we, in practice, avoid it?

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[3] We know how greatly Freud was at first attracted to the ideas of Rank, as Jones, in his monumental biography, has shown.

For personal reasons, which are largely a part of the history of the psycho-analytic movement, Freud finally criticized and then completely abandoned the ideas which he at first considered ' the most important step forward since the discovery of psycho-analysis ', which ' had given him a great deal to think about ' and which ' he held to be highly significant ' (6).

[4] Grunberger (4) recalls a number of psycho-analytic studies which describe the narcissistic character of the transference. Thus Jacobson (5) reports the transference fantasies of one of her patients, which indicated an intimate union between patient and analyst, the latter having become the most valuable part of the patient. Grimberg (3) has himself stressed the tendency of one of his patients to endeavour to achieve unity with the analyst on the basis of narcissistic omnipotence. Finally, Stone (12) considers that in extreme forms of transference neurosis there is a fusion of therapist and patient conceived in purely narcissistic form. Lewin (7) has described an ineffable sense of fusion with the object and the loss of ego identity, which occurs in states of ' elation ' akin to maniacal excitation. It is a question of ' mutual incorporation ', evidencing a typically maniacal form of oral ecstasy, in which the fusion of subject-object creates a ' whole ', a higher entity endowed with megalomanic attributes. What is described here is, in essence, union with the ' good ' breast, the source of the feeling of elation and of maniacal ' optimism '. The primitive incorporation of part or whole objects, as conceived by the Kleinian school, serves a narcissistic purpose which is defeated by the intense projective activity of the subject. The *ambivalent* inclusion of objects and the persecutory anxiety which it entails, represent relationship mechanisms which are entirely different from the pre-ambivalent and pre-objectal relationship we are considering here.

The Chicago school has stated its attitude towards the general problem of too profound regressions. They have for long been concerned with the necessity of controlling the transference neurosis and keeping a firm hand on its development. We cannot, however, adopt the same position as Alexander. We believe that the need to induce a regression remains an essential part of psycho-analytic therapy. But we also believe that it is vital to the outcome of the treatment to be in permanent control of its intensity and depth. What we wish to say here is that it is never desirable to let blind forces, outside our control, take over the field of analysis and make themselves at home. However, the control of regression, as we understand it, has nothing in common with the manoeuvres invented by Alexander. To allow the counter-transference free play within the analytic situation—as the Chicago school suggests—would produce such a medley of affect and counter-affect that any objective understanding of the transference would become illusory. We believe that it is of prime importance to prevent the patient regressing step by step to such an archaic level of union that he is no longer capable of renouncing its delights. In such conditions we might indeed put an end to the analysis, but never to the regression. To set a term to the analysis does not set a term to the regression. We should thus have induced the patient to become fixated at a level of regression so deep and so satisfying to his most essential aspiration that there is no longer any technical means of making him renounce it: the means, the analytic situation, has become an end in itself.

Knowing these dangers, we ourselves think, as the work of one of the authors has shown, that there comes a moment in analysis when ‘neutrality’, so superstitiously observed, has to be replaced by an attitude of ‘presence’, which is the only possible obstacle to the closed and unreal world in which regression is rooted (9, 10).[4] The psycho-analyst will no longer consent to be the incarnation of a myth. He will no longer be a transparency through which all fantasies can pass; he will have to endeavour to become for the patient that which he is in reality, a man like the rest, like the patient himself, in a world of fully evolved human relationships. By this new ‘presence’ the therapist will be more able to break the spell of regression and introduce into the analytic situation the principle of reality, of which the patient should always find him the most reliable representative.

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FURTHER REMARKS ON COUNTER-TRANSFERENCE[1]

By

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Within the last few years a large number of papers on counter-transference have been published, coming from many different parts of the world. It has been claimed that just as transference was at first thought to be merely a disturbing factor, yet was recognized later on as the pivotal therapeutic factor in psycho-analysis, so now counter-transference is found to represent not only an interfering agent, but an essential catalytic one needed to achieve the therapeutic goals of psycho-analysis. The purpose of my paper is to discuss this idea and to refute it.

I believe that the increasing concentration on the phenomenon of counter-transference can be traced to a number of causes. Modifications of the analyst's technique and behaviour are sometimes necessitated by the ' widening scope ' of psycho-analysis, since we no longer deal only with neuroses, but also with various other forms of pathology. The rising importance of psycho-analysis in psychiatry as a whole, in social work, education, etc., the expansion of ' psycho-analytically oriented ' psychotherapy, and the ensuing emphasis on ' interpersonal relationships ', all have brought in their wake the danger of a dilution of psycho-analysis, of a confusion between psycho-analysis proper and psychotherapy, and therefore of confusion about the role of the therapist. Besides, it should not be overlooked that our growing experience in the training of student-analysts confronts us more and more with emotional interferences in the students, reminding us again of similar difficulties in ourselves.

I believe that the complexity of these problems, with all their implications for analytic theory and technique, justifies me in presenting a critical evaluation of the current ideas on counter-transference without attempting to offer any basic new theory about it. Because of the limited time at my disposal, this discussion will have to be rather abbreviated. I can only indicate some of the problems involved, without quoting extensively and often without naming the specific authors and titles.

The diversity of motivations for the interest in counter-transference manifests itself in a lack of clarity regarding the definition of counter-transference. Before going into this, I should like to repeat briefly what I said in a previous paper on the subject (25). Counter-transference comprises the effects of the analyst's own unconscious needs and conflicts upon his understanding or technique. In such cases the patient becomes an object in relation to whom the analyst experiences past feelings and wishes. The provoking factor may be something in the patient's personality, a particular transference pattern, or a specific analytic situation and material.

These counter-transference responses consist either in libidinous and/or aggressive strivings, or in defences against such strivings, or in identifications and ego attitudes connected with a specific past conflict of the analyst. As an intermediate step, unresolved problems of his own analysis and his own transference conflicts may emerge. It is of significance that frequently the analyst is not conscious of the response as such, but becomes aware only of certain consequences, such as anxiousness, inappropriate and often overstrong emotion, inability to understand the patient, boredom, etc.

One of the prevailing misconceptions is the equation of counter-transference with the analyst's total response to the patient, using the term to include all conscious reactions, responses, and ways of behaviour. This is as incorrect as to call transference everything that emerges in the patient in relation to the analyst during analysis, and not to distinguish between the manifestations of unconscious strivings and reality-adapted, conscious behaviour or observations. The analyst is for the patient, and the patient for the analyst, also a reality object and not only a transference or counter-transference object. There has to be in the analyst some (aim-inhibited) object-libidinous interest in the patient, which is a prerequisite for empathy. Conscious responses should be regarded as counter-transference only if they reach an inordinate intensity or are strongly tainted by inappropriate sexual or aggressive feelings, thus revealing themselves to be determined by unconscious infantile strivings.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July, 1959.

The significance of the fact that the analyst is equally a reality object for the patient was correctly stressed by Ferenczi (9) and various later authors (Balint (3), Benedek (4), etc.). Each of us has some particular qualities and an individual style of analysing; none is completely ' neutral '. It is important that the patient be enabled to talk freely about any actual observations he may have made or information he may have received with regard to his analyst. If such reality factors can be brought into the analysis, they will become irrelevant for it in the long run. But to prevent all this from being mentioned, or to treat it exclusively as the patient's transference, means to deny the reality of his observations or information about the analyst. Such denial can be considered an expression of a specific counter-transference, since the analyst then really behaves like a parent forbidding the child to know anything about his ' secret ' private life, an attitude which obviously reinforces the patient's defences.

This failure to differentiate between counter-transference and total response, combined with the erroneous assumption that the analysand ' is not supposed to be ' a reality object for the analyst, leads to the idea that 'analytic neutrality' is an impossible and unrealizable task because it can be kept up only through a most unnatural restraint. Hence the whole concept of ' analytic neutrality ' is thought to be based on a ' dishonest ' presumption, on the ' myth of the analyst's *perfection* '. From these notions, some authors have drawn very far-reaching conclusions. Since perfection in the form of complete neutrality does not exist, they claim, *neutrality should be dispensed with entirely;* the analyst should respond to the patient in whatever way he feels. In fact, there is a frequent misconception that ' analytic neutrality ' means to behave like a superior being who looks down upon the patient. Thus we are told that solution of transference and termination of analysis have to be brought about by giving up this godlike role and behaving freely and humanly (Weigert (33)). I believe it is obvious that to renounce the principle of the analyst's neutrality implies a basic lack of understanding about the nature and importance of transference, and therefore about the essence of psycho-analytic therapy.

But even where such grave misunderstanding is avoided, the over-emphasis on counter-transference entails practical consequences. Besides the demand for greater ' honesty ' about counter-transference, we often hear that its admission to the patient is necessary in the interest of the latter. To be sure, at times it may be unavoidable to admit certain counter-transference manifestations to a patient; e.g. that the analyst forgot something or made a slip, etc. Such an admission may be required in order to permit the patient's free verbalization with regard to the analyst. But it is clearly quite a different matter to burden him with the analyst's own affairs and to interfere with the sequence of the analysis by introducing extraneous material that is irrelevant for the patient himself.

Another rampant misconception about counter-transference should be noted because it has an undesirable effect upon methods of teaching psycho-analysis. I mean the view which regards *any* wrong interpretation and *any mistake* in handling the analytic situation as an expression of counter-transference. This has led to the erroneous idea that the supervisor's main task is to point out the counter-transference of the student, or to concentrate on any complications of the relationship between student and instructor, rather than to teach his supervisee how to apply the principles of psycho-analysis to the intricate patterns of clinical material. It is as though there were a tacit assumption that the young analyst was born with an *inherent knowledge* of psychopathology and ' correct interpretation ', and that mistakes are regularly based on counter-transference but have nothing to do with lack of knowledge and experience.

The truth, of course, is that our analytic understanding, which directs our management of an analysis, has its roots in theoretical and clinical knowledge, as well as in intuitive processes. While analysing, we constantly oscillate between these two methods of gaining insight. In one moment, we integrate our observations into the body or our analytic knowledge; in the next, we listen with free-floating attention (Fenichel (8)). We listen with our unconscious or, as Reik (27) said, with ' the third ear '. The ability to draw upon the wealth of both these realms is a prerequisite for the good analyst. Therefore we are legitimately concerned about the psychological obstacles that interfere with the intuitive process, as each of us may fall victim to them time and again.

The psychology of analytic empathy has long been a topic of great interest. Insight into the hazards of this process helps us to understand the dynamics of certain counter-transference phenomena. On the other hand, just what we know about intuitive understanding tends to lead to some further confusion about counter-transference.

Intuitive understanding of what goes on in another person is based upon trial identification, a term aptly coined by Robert Fliess (10) in his excellent paper on *The Metapsychology of the Analyst*. Based upon his findings as well as those of Helene Deutsch (7) and Theodor Reik (26), who preceded Fliess in this psychological investigation, one can say that analytic understanding—particularly of transference manifestations—comes about as follows. (i) The analyst becomes the object of the patient's libidinal and/or aggressive strivings (or of the defence against them). (ii) In a special, transient way, the analyst identifies with the patient and in this way participates in the patient's feelings. (iii) He can then recognize these feelings and the underlying instinctual strivings as belonging to the patient; i.e. he again becomes detached from him. Thus, the analyst has acquired knowledge about the nature of the patient through an awareness of something that went on in his own self.

Helene Deutsch (7) pointed out that the process of empathy is even more complicated. She shows that direct responses (of love or hate) to the patient's instinctual strivings cause the analyst to identify also with the original infantile object of these drives. Through this identification, which Deutsch calls a complementary one, the analyst gains knowledge about the patient's objects by feeling what goes on in himself. This particular aspect of empathic identification is important here, since it plays a great part in the ideas of the British school of psycho-analysis about the interplay between analyst and patient during the analytic process, and about the role of counter-transference.

The capacity for empathy is, of course, based upon the fact that in the unconscious we are all endowed with the same strivings, but I must emphasize that what may be a homoeopathic dose for one may be strongly cathected for the other. *In the case of the analyst, the process of identification and externalization is cathected with minimal amounts of energy and must have been preceded by a far-reaching process of neutralization.* He has to forego any immediate gratification and content himself with the sublimated gratification derived from his ability to understand and to function correctly in an egosyntonic way.

Furthermore, in trial identification primitive ego mechanisms of introjection and projection are regressively revived, at will and only temporarily, for the purposes of the ego. A neutralized cathexis of the patient is never relinquished. Thus, the analyst never loses sight of the patient as a separate being and at no time feels his own identity changed. This enables him to remain uninvolved. But this delicate process of trial identification is fraught with many hazards, and its failure manifests itself as counter-transference. For instance:

(i) The analyst may react to the impact of his patient's instinctual strivings with a direct response. He may return love with love, hate with hate, failing to identify and to detach himself again. Such direct responses, especially when they assume great intensity, represent the commonest and simplest form of counter-transference. They arise from the analyst's infantile motivations.

(ii) The other very frequent form of complication, which stems likewise from the analyst's infantile conflicts, was pointed out first by Helene Deutsch (7). As she puts it, he may get stuck in some of these trial identifications because they please him too much: he becomes unwilling and unable to relinquish them. Thus, instead of merely going through a transient identification for purposes of understanding, the analyst remains identified with the patient (or the latter's object). He behaves or feels like the patient, which will render him blind to the patient's defences.

Of course, the manifestations of counter-transference here enumerated do not cover the whole range of its possible forms, but only those which are the direct outgrowth of the process of empathy. I discussed this aspect so extensively because certain ideas about the positive value of counter-transference can be correlated to the psychology of analytic intuition.

The first of these ideas was originated by Heimann (17) and taken over by other authors. What she proposed, but without formulating it in this way, was to use the analyst's emotional responses, his counter-transference manifestations, as a substitute for empathy. She described how a patient, soon after starting his analysis, suddenly decided to marry a ‘ defective ’ object, to which the analyst reacted with an emotional response of worry and anxiety. Aware of this response and trying to analyse it in herself, Heimann recognized her patient's decision as a transference acting-out based on sadistically tinged fantasies about the analyst who was seen as a defective object.

Let me try to reconstruct here what had been going on in the analyst. Something interfered with the process of immediate, intuitive understanding. The analyst reacted to the patient's striving with an emotional response of her own. She did not just ' know ' that the patient was involved in an acting-out of his transference, since she failed to identify with him and to detach herself again from such trial identification. For this process she substituted a *retranslation* of her own feelings into those of the patient. We might say that she used a secondary, a roundabout and incomplete way of understanding because the direct path was blocked. This particular detour may be very frequent and sometimes usable. Nevertheless, it is not desirable, for the analyst's own strong involvement always contains the danger of obscuring his objective grasp, particularly of the transference situation, by introducing something that is not inherent in the patient but only in the analyst's own psychology.

The honesty with which Heimann and a number of others have treated this topic contributes very greatly to its clarification. In this respect, I also want particularly to mention Gitelson's (15) paper. Most pertinent, indeed, is the practical conclusion drawn by many of these authors: that we should be alert to our own feelings, stop to investigate them, and analyse what is going on. For the analyst's awareness of his undue emotional response warns him of an obstacle that interferes with his competent functioning, and ought to be removed. *The counter-transference as such is not helpful, but the readiness to acknowledge its existence and the ability to overcome it is.*

Sharply at variance with this point of view are a number of other authors, who do not regard the analyst's strong emotional responses merely as a sometimes unavoidable detour to understanding. *They claim that the nature of the counter-transference manifestations corresponds to the nature of the impulses and defences which prevail in the patient at the same time, so that insight into the counter-transference opens a direct pathway into the patient's unconscious* (Heimann (17)). This concept, I believe, results from confusing the special, transient form of identification followed by redetachment, as it occurs in empathy, with identification and projection in their most direct form.

Some analysts of the British school, because of the emphasis they place on pregenital-aggressive conflicts and on the mechanisms of introjection and projection, tend to see the analytic process completely from this angle. According to them, the analytic process consists in a mutual identification and projections between analyst and patient (or part of their respective personalities—time forbids me to go into this). To take over the analyst's healthy personality through identification thus is thought to form an important part of the cure, a point to which I shall come back later. Furthermore, using Helene Deutsch's idea, it is reasoned that the analyst has become identical with the patient's infantile objects via ' complementary identification ' and that analysis of any counter-transference reaction therefore reveals the infantile history. Thus, if the analyst feels anger toward the patient, this indicates that the infantile object was angry with the patient. The analysis of the counter-transference thus brings to light the development of the transference. Since it is assumed that the analyst's emotional experiences and his responses to the patient are identical with the original models, such interplay of transference and counter-transference *replaces recall* of the past or even its reconstruction. To recover the memory of specific events connected with actual objects is not considered important.

The equation of the subtle process of trial identification with such mutual identification neglects an essential fact. Emphatic identification, as I mentioned before, is marked by minimal and neutralized cathexis, whereas the counter-transference here is evidently charged with intense emotional force. Little (19), for example, speaks of feeling ' real hate of a patient for weeks on end ' or being ' suddenly flooded with rage ', or the great danger of the analyst's ' phobic or paranoic ' attitudes towards his own unconscious.

Indeed, we are faced here with a striking contradiction. Such a strong emotional cathexis can only stem from the analyst's own unconscious conflicts; thus, it must represent an intrusion of these conflicts into what Little (18) calls the process of the mutual reflecting each other in the mirror of the other's unconscious. This factor of falsification via the analyst's particular conflicts is disregarded by those who advocate ' free counter-transference ', just as they disregard the specific events of the patient's past. Their concept seems to presuppose a typical content of counter-transference. According to Racker (23, 24), counter-transference is dominated by the *law of talion* which follows simple rules and allows retranslation of complicated subtle psychological experiences, as though we were dealing with arithmetical problems that permit only one correct answer.

I should like to mention at this point that ideas about a typical content of counter-transference can be found quite frequently in today's literature. Some authors, e.g. Winnicott (34) and Glover (16), seem to regard counter-transference as consisting predominantly of hate and aggression. Most definite in his statements is Racker (22, 23), who claims that for a male analyst any male patient represents the father and any female patient the mother, and that the analytic situation *eo ipso* represents an oedipal one. Also Spitz (28) generalizes too much in assuming that the *typical* counter-transference is based on the child's ' diatrophic ' attitude (meaning the child's behaviour when he wants to feed and take care of other children or dolls, in identification with the nursing mother). All such notions about a typical content of counter-transference represent schematizations and a narrowing down of the beautiful variety of psychic functioning.

To come back to the review of current theories: thus far, I have described those which consider the analysis of counter-transference a valuable method of gaining insight into what goes on in the patient. However, a variety of other important functions is ascribed to counter-transference as well.

Some authors advocate the free expression of counter-transference feelings, including negative ones, as a method designed to promote identification by the patient with the healthier personality of the analyst. For instance, Little (19) deems it necessary for very disturbed patients to experience the analyst as a loving, hating, feeling person and to introject him, so that they themselves may become capable of feeling. Identification with the analyst is viewed by numerous authors as one of the main vehicles of therapy also for patients with less serious disturbances. That such identifications frequently do occur in analysis cannot be questioned, but they represent material which should be analysed, as they often prove to be transference repetitions of infantile identifications. It is not the aim of analysis to transform these temporary identifications into permanent structures. This holds true also for superego identifications. At some time or other in the course of analysis, the analyst becomes a superego figure and the patient tries to identify with him. A regression to a certain phase in superego development has taken place, which makes analysis of the superego possible. Such identifications come about spontaneously in the analytic situation. They need not be promoted by any ' acting out ' on the part of the analyst, which can result—in the most favourable case—in some educational impact upon the patient, but not in his being analysed. The therapist's assumption of such an educational role may be of importance, though, for borderline cases or psychotics who were never able to form a stable identification. I shall come back to this point shortly.

Various authors regard counter-transference in the form of intense involvement as a requisite to reach difficult patients. Little (18), who is a most important representative of this group, proposes that where the transference fails, counter-transference has to do all the work. For this purpose the analyst must allow the ideas and gratifications derived from his work to regress in an extraordinary degree. She indicates that when interpretation is of no avail, the direct impact of the analyst's emotional response breaks through the walls of resistance. Ineffectiveness of interpretations is similarly alleged by other authors. But these statements must be taken with a grain of salt, as they fail to specify what interpretations are being given and under what conditions. The handling of interpretations is evidently a complicated matter dependent on correct understanding, timing, wording, etc.

In my opinion, when an analyst suggests that a cure can be brought about only through his *acting out* his own emotional experience, he is using what Freud would call ' *Suppenlogik und Knödelargumente* ' (' soup logic and dumpling arguments ') in a reversed way. The implication is roughly this: *Words are not enough; real—i.e. transference—gratifications have to be given to the patient; healing is accomplished by love.*

For certain patients the relationship with the therapist indeed represents the first consistent, viable relationship, just as identification with him may be the first stable identification. In this instance, any therapeutic improvement may well be due to the nurturing of this relationship; namely, to a loving care given by the therapist and his attempt to substitute for something that never existed in the patient's life. But such therapeutic endeavours are not psycho-analysis, even though they may be based on the fundamental insights of analytic psychology.

Moreover, emotional responses of the analyst are advocated not only for dealing with such deeply seated disturbances of object relationship, but with severe neuroses in general. Tower (32), who goes farthest in this direction, favours the development of a counter-transference *neurosis* as a catalyst in the therapeutic process. In an impressive clinical example, she describes how a male patient suffering from the effects of repressed sadism responded to the analyst's acting out of a masochistic submission in diluted form. This resulted in such a deep emotional rapport between analyst and patient that the latter dared, for the first time in his life, to break through his rigid defences. It so happened in this case that the counter-transference neurosis was complementary to the patient's neurosis, a coincidence which is certainly rare. Besides, as Spitz (28) pointed out in a critical review of Tower's paper, the result of such mutual acting-out will be short-lived and unreliable. In this context, he made a penetrating remark which I should like to quote: ' The rule of abstinence is valid for the analyst as well as for the patient.'

This emotional interplay represents an ideal instance of what Alexander (1) has termed the ' corrective emotional experience '. Alexander counsels the analyst to behave in a way converse to the original parental behaviour — either through deliberate role-playing or involuntarily, as in Tower's case—and to ' manipulate ' the transference in this sense. He argues that the *experience* of the 'changed interpersonal climate' makes a continuation of the original response to parental behaviour pointless, so that the neurosis can be relinquished. Neurosis he understands as a result of the child's faulty adaptation to the original ' difficult ' family situation, a concept which obviously represents a simplification. It seems to give credit only to the external childhood reality, but to omit the most commonly unrealizable libidinal and aggressive infantile strivings and the ensuing inner conflicts.

In the case of this as well as other divergent schools of psycho-analysis, oversimplification and the omission of essential parts of psychoanalytic theory cause an exaggerated therapeutic value to be placed on the analyst's overactive involvement and the patient's ' corrective emotional experience '.

At the risk of generalizing unduly, I would venture the opinion that this emphasis on the effect of counter-transference and on the analyst's ' deep emotional impact ', rather than on interpretation, represents a return to the concept of the therapeutic effect of abreaction in the sense in which it was understood by Ferenczi, who apparently had a special capacity for achieving it in his patients by virtue of his particular emotional response.

This powerful, emotionally stirring experience, which is believed to reach the patient's depth and to be promoted by the analyst's emotional participation, consists—I repeat—in transference gratifications or frustrations that are meted out to the patient ' not by words alone '; i.e. not by means of interpretation. Thus, whether a positive or a negative approach is chosen, the effect of such an experience remains incomplete. The relegation of interpretation to a secondary place implies that ego analysis must be entirely or at least partly omitted. Any differentiated, subtle understanding of the interaction of the various psychic structures is left aside; any detailed, careful analysis of defences; any effort to analyse ego pathology and to correct it. Instead, there is an attempt to work directly with the id and to exert immediate influence upon the object relationships. Such an approach disregards Freud's most important formulation concerning the therapeutic aim of analysis: ' Where id was, ego shall be '. Therefore, no lasting effect can be expected from these methods.

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FANTASY AND REALITY IN TRANSFERENCE

By

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Nonsense speech and action as well as nonsense dream images are witnesses, as Freud has shown us, of unconscious desires breaking through the superficial flow of reasonable behaviour. We would like first to show that some of this nonsense behaviour occurring during analysis, and mostly in the transference relationship, bears witness to a direct breaking through of past into present, of fantasy into reality; and secondly to insist on its theoretical as well as practical importance.

It would be easy to give many examples of such behaviour and useful to attempt to classify them. Perhaps I shall do so in detail somewhere else. But as every one of you could recall some as easily as I do, and time is limited, I prefer to call your attention to a few points. Some of our patients are aware that their behaviour in transference could be called nonsense; they feel self-conscious about it and endeavour to explain it. They feel satisfied when they have found in their past some memory of having felt and behaved in the same way in a different situation, one where it was reasonable to behave in that way.

'I am anxious about your leaving for your holidays, because that was the way I felt when I left mother', says A. Others are in a state of mild and continuous anxiety related to the transference situation; it is felt as nonsense, for the analyst behaves as he has always behaved. But they are able to get out of it through some real activity. 'You know, I was as anxious these days as I was when I became engaged', says B. 'But I am my normal self again, since I had intercourse with my wife', showing himself and me that he was no longer engaged, but that he had married.

Anna O. taught Freud through Breuer the technique of chimney sweeping, as Freud would like us to believe. In the same way, I keep in my mind the techniques that my patients have devised, and sometimes I use them myself without any compunction. When I relate a present fact to a past one I am quite classical. But when I bring the patient back to reality in order to get him out of a state of unbearable anxiety, I am doing something that every one of you, maybe, has done intuitively, but few, to my knowledge, have taken the trouble to conceptualize.

Before I give you an example of this sort of stepping in, I must mention a thoroughly different kind of patient: those who justify nonsense attitudes with all sorts of reasoning. It seems quite immaterial to interpret such attitudes and show that they come from the past. This past is forgotten; to remember it would bring too much anxiety. Of course I am speaking of what we call transference resistance as well as of resistance to transference. But in a few of these patients, when the resistance is not at its strongest, the type of intervention I have mentioned could modify their behaviour under the analyst's eyes.

G., a research scientist, comes to his session late, more than out of breath, panting. He was carrying on an experiment that petered out. He gave up. And now that he is on the couch, he has a real attack of asthma, and moreover a headache . . . and so on.

A.: Your asthma is a reproach, because everything is my fault.

G.: It is quite true, it's you who made my experiment peter out.

A.: No, *you* failed.

A long pause, then:

G.: My attack is over. Then he calls up abundant memories about his first attack of asthma, showing how his object relationship was distorted.

The interesting point here is that the unconscious hostility to the analyst prevents any contact with the analyst other than a regressive one, that is asthma. The simple stepping in mentioned above brings back the relation with

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

the analyst to the reality level where asthma has no meaning at all. But, the fantasy being abandoned, memories come back to consciousness. It is the sharp contrast between the analyst as a persecuting and fantastic image (when he said ' Everything is my fault ', he played into the patient's hands) and the real analyst as a kind onlooker, that brings the feeling of nonsense and breaks the fantasy. It could be suggested that that flow of memories allows the patient to remain through words in the former object relationship where asthma was meaningful.

This example, reported in this condensed form, gives us a model of explanation that fits in very well with the cases we alluded to. We know from the *Studies on Hysteria* that our patients live their past in the present. But here we see an important fact: it is not because memories come back into the patient's consciousness that the past is pushed back into the past. Instead, as he becomes conscious of the present, the patient pushes back the past into the past, as B. did, and by doing so he is able to recall memories of it, instead of living it, as G. did.

This explanation could be shown to fit in even with the example of A.: the reassuring quality of his own interpretation could be related to the awareness that his analyst is not his mother, never scolds, and mostly will not suffer from the parting, so that he, the patient, has no reason to be afraid.

It would be interesting to discuss here whether we should let the fantasy develop or crush it. But that implies answering two questions of unequal importance. First, are we dealing with genuine regression or with regressive fantasy? Our opinion is that these fantasies are acted out, but it is difficult to be sure that between acted-out fantasies and genuine regression there is any difference other than a verbal one. The second and more important question is: Does regressive behaviour have a therapeutic value in itself or should it be dealt with as a resistance? In my own experience regressive behaviour has therapeutic value inasmuch as it allows the relation with the analyst to establish itself or does not hamper it. But it easily becomes a resistance in the transference. Regressive fantasy is an easy method of running away from the analyst.

Perhaps clinical arguments are not enough to provide such questions with a straight answer, for I am afraid the analyst, most of the time, does something more (not to say something other) than he thinks he does. Some theory could perhaps help us. We know of course that history is one of the poles of psycho-analytic theory. The other pole, conflict itself, comes from a present tendency inhibited by some fear related to an image, that is an individual memory. It is as important to replace the conflict in the historical situation where it first took place, as to analyse it here and now. It is impossible to understand mental life without the concepts of memory and learning (or conditioning). Any psycho-analytic theory as well as any psychological and biological one shows there is no possible adjustment of organism to environment without individual memory.

At the end of the last century, in 1887 to be accurate, Hughlings Jackson had already asked the question and answered it: '. . . at any rate perception is mainly memory . . . recognition (a synonym of perception) is having relations of likeness and unlikeness; having these relations involves revival of previously acquired states, which is memory.' And again: ' There is, of course, subject consciousness with every state of object consciousness. Remembering in the sense of " having again " is " *somebody* having again ".' Modern research approved of this view. Ego and non-ego could not be perceived without comparing present sensations and memory of past sensations.

But if it is necessary to contrast ' now ' and ' then ' in order to perceive, it is not enough. As Freud, among others, has shown, it demands checking through action as well. A real object that can be modified by action cannot be modified by thought, and as such is quite distinct from a fantastic object, which cannot be modified by action, but can be modified by thought.

What becomes of this problem in the clinical situation? We have chosen in this paper to study transference. Analysing transference means analysing feelings (even if we analyse behaviour, it is explained by feelings). The patient will express and contrast feelings, some of them being related to infantile objects, others to present objects, mostly the analyst. He cannot use Jackson's criterion, as he is dealing with feelings, not perceptions, and unfortunately he cannot use Freud's either. Feelings have to elicit some action before they can be submitted to the action criterion. Now the analytic situation is such that it precludes any possible action (in fact it helps to express one's feelings towards the analyst: these feelings will never induce any action, their inadequate character will remain hidden). The patient is still unable to know whether his present feelings are referred to the analyst or to a fantastic image of the analyst arising from his own past.

There remains one way open to the patient to prove to himself that his feelings towards the analyst are nonsense: the analyst cannot be modified by the patient's thoughts, desires, feelings. This proof, being negative, is not easy to give. For the situation does not prevent the patient from believing that he could have some magic action on the feelings of his analyst; he cannot be shown that these magical thoughts do not work. And this is why it is sometimes necessary that the analyst should become real, either through his own ' stage presence ' or through his stepping in. Becoming real in the analytic situation means only that the patient becomes aware that his thoughts cannot modify the analyst. To say ' No, *you* failed ' means ' You know perfectly well that in spite of your desire to lay the blame of your failures on me, I have in them no responsibility whatsoever ' or ' I have no magical power over you '.

Let us here introduce some comments that might be considered both irrelevant to our main topic, and dangerous.

The analyst expresses himself through his interpretations. His personality, his ' presence ',[2] will be different whether he strives to play an analyst's part or is himself. Some among us put on, so to speak, a white overall, white as the screen on which movies are projected, but sterilized like that of the surgeon, before they come into contact with their patients. Others keep on their white overalls even when they go walking in their own life. Others still don't bother, they work as they happen to be dressed; their day-to-day clothes (I don't say their pyjamas) are good enough. These last two are what they are, and they do what they can. But we think the latter have more ' presence ' and will more easily help their patients to become aware of their analyst's reality.

Nacht has given some advice about how to help patients to take this step. It is valuable, when dealing with the cases he has in mind, and perhaps more valuable still for those analysts who put on a white overall, but, it seems to me, it is of no use for those who do not feel it necessary to hide their presence. For during the analysis, the patient is not aware that his analyst keeps on his ordinary dress; he sees him in a coloured overall, coloured by his own past. It is enough in most cases to show the patient he has always denied this presence, this reality which was there. In other words, to me ' presence ' does not seem to be an attitude or a variation of technique. It is the natural way of being for a man or a woman, neutral, but able to pay attention and remain kind, tolerant or loving with his, or her, patient whatever the circumstances. I cannot think it is a variation of technique, because I cannot accept the idea that classical psycho-analysis could imply any acted attitude, any lack of genuineness.

After this digression on how the analyst's attitude could in itself convey some reality, let us come back to our criterion of reality. For things sometimes happen to go wrong. We said that the only criterion left was that the patient's magical thoughts could not modify the analyst. But if the analyst responds unconsciously to the unconscious desires of his patient, he becomes part of his patient's fantastic world, he is no longer real. He among us who has never been modified by one of his patient's desires, let him first cast a stone at the one who is no longer real for his patient.

The counter-transference problem obviously arises here in all its magnitude. Any analyst who finds some unconscious satisfaction with a patient, gives him the unconscious feeling of having some hold on him (the analyst). If such an analysis does not become interminable, it will come to an end without being completed: going on with the relationship means that the analyst is attached to his patient, breaking it means that the analyst runs away. The patient will go on believing that this fantastic analyst of his is genuine, and well he does, for he made the analyst fit into his own fantasies.

But we have often used the words fantasy and reality. I have no time to clarify the meaning of fantasy here; instead, I shall refer you to the report of Lebovici and Diatkine,[3] reminding you that they are interested both in the conscious fantasy and the unconscious fantasy which in the adult goes with an unrealistic world representation. When it comes to our topic, it means that the analyst should endeavour to find out what sort of a fantastic analyst the patient has made out of the real one. But when we speak of a real analyst, what does ' real ' mean?

I entirely agree with Nacht and Racamier[4] when they talk about a sense of reality of things and beings. I would only add that it is perhaps useful to make a distinction between sense of things and sense of time. In regressive states, this bursting of past into present can always be observed.

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[2] Nacht used the word with this meaning in 1949 for the first time, *R.F.P.*, 1949, **13**, 367. His fullest formulation has been given recently in ' Remarks on the Handling of Transference,' *Int. J. Psychoanal.*, **38**, 1957, 196–203.

[3] S. Lebovici and R. Diatkine (1954), 'Étude des fantasmes chez l'enfant', *Rev. fr. psychanal.*, **18**, 108.

[4] S. Nacht and P.—C. Racamier (1958), 'La Théorie psychanalytique du délire', *Rev. fr. psychanal.*, **22**, 417.

But from the point of view we have chosen in this paper the important thing is to make as clear as we can what we mean by reality of the analyst. When a patient is allowed to remain deep in his fantasy, we let him live in a situation where the analyst is denied as a person, and perhaps forgotten as a mirror. However, the analyst is endowed with a neurotic sort of reality, which is characteristic enough. It is fragmentary. This one will see her analyst only as a male, a prey she is craving for (transference resistance); this other one as a physician, a nursing machine (resistance to transference). But as the analysis progresses, this fragmentary object relationship develops into a total one. The analyst is real inasmuch as the patient is able to feel his presence as a whole. He is a person known from such and such an angle, spreading out in uncertain but probable directions, unknown sometimes but possible and sometimes definite. He is a person in relation to whom the patient has experienced many feelings, to whom one has changed, but who has not changed towards the patient. This is to reverse the type of experience that has delighted so many existentialist writers or philosophers (and terrified so many psychotics) who do not say ‘ I have changed ’ but ‘ the world has changed ’.

Analysis working counter-artwise (if I may so say) enables (I do not say forces) the patient to see a real world instead of a world of fantasy, and, in the process, himself in the world.

I should perhaps stop here; I did not in fact do more than insist on known facts, and systematize too much perhaps what others have said. I should for instance have quoted Nacht verbatim. But I should have been obliged to re-read everything he has written, and I have not had time enough. Moreover, it would not have done justice to all that I learned in my personal relationship with him: known facts put in a new and striking light, starting points for fresh lines of thought and action. I cannot mention all . . . even in the bus from Copenhagen airport to the City. Let him be kind enough to accept this acknowledgement as a bibliography.

But I feel the urge to ask myself and you: What exactly is the mechanism of this changing I spoke about? How does the patient's *Weltanschauung* change? The answer was, a few years ago, by bringing into consciousness, but I am sure many of you would now answer, by experience. Without entering in too many details, I think that clinical facts show that both experience and interpretation are active or not, whether we deal with a patient whose ego is matured or not. The active factor is that which changes ego structure, but once more, is it experience in the transference relation or interpretation bringing into consciousness unconscious feelings?

I think we can find the beginning of an answer in those cases where a scorching transference cools down. What has been taking place? The analyst did not change, what he was (as Nacht puts it) he is still. The only elements that could have varied are his interpretations, their frequency, their formal aspects, their timing, those he chooses, thus showing different aspects of what he is. The patient experiences his feelings about the analyst not only in the monolithic way he expresses them but more or less unconsciously in connexion with a score of crumbled interventions which build up a real analyst who wears out from the inside, so to speak, the fantastic one. Or, we could say that a solid analyst, invariant, to use a mathematical word, has taken his place among all the transformations undergone by the fantastic analyst, or else this sort of working through helps to dissolve this almost unconquerable fear which is related to the basic infantile fantasies (eat and be eaten) thanks to the obvious persistence of its object, a person, one and a whole under so many aspects.

If we are right in this analysis, we may think that the active factor can be found beyond experience, beyond interpretation, in this relationship where a frightened child finds a strong kind and real person.

Let us summarize what we have said.

Two different types of patients are opposed. Some have strong internal temporal bearings, they are able to set ‘ naïvely ’ apart past and present. When past bursts unexpectedly into present, they see it with astonishment and call it nonsense. Historical transference interpretations are taken for granted. Transference itself is warm and easy to handle.

Others are quite able to talk rationally and even reasonably about past and present. But as soon as they get into the world of affects, as soon as they lie on the couch, as soon as they lose their usual social points of reference, they seem to lack internal temporal bearings, unable to know whether their emotions are related to persons of the past or to present beings. Before becoming able to reach this level of discrimination, they have to find external bearings connected with their analyst; in the meantime historical interpretations are quite ineffective. Transference is impossible to control, monolithic or apparently non-existent, unexpressed. The analyst is always fragmentary, nonsense transference is recognized without any consequence being drawn.

The actual difference between these two classes of patients could be ascribed to different object relationships, though there is nothing in it that could not as well or better be put in terms of ego mechanisms.[5] But when it comes to the distinction between past fantasy and present reality and the understanding of the repetitive character of the transference feelings, there seems to be no clear correlation with the level of regression. Genetic studies do not show at what stage of the instinctual development time structuration takes place. This seems to pertain to the ego development (there is no sense of time in the unconscious, said Freud). We know that around the fifth year with the acquisition of delicate syntactic structures, the child becomes able to set in proper temporal series language symbols of things and actions. But the deep trouble we are considering is certainly connected with an earlier alteration of the object relation, but we are unable to show it. That is why we prefer referring these two classes of patients to two different ego structures.

In those who suffer from this temporal trouble we can show that there exists a split ego: we find in them both an unconscious assertion of a past still present (or we might say an unconscious denial of the present maintained by a strong cathexis of the past) which belongs to the ego, and a conscious acceptance of the value of the present which is clearly distinct from the past. Freud described a similar structure in respect to castration: on the one hand denial of castration and assertion that the fetish is a valuable substitute for the penis, on the other hand conscious acceptance of castration as a fact. It is easy to get carried away by this example: the present is denied, some period of the past is acknowledged because this past does not yet imply an experience felt as a crime and the punishment of this crime.

If we are right in this theoretical analysis, our patients have some basic structure in common with the perverse patients of Gillespie[6] and those of Nacht, Diatkine, and Favreau;[7] and in fact we have found in most of the patients on whom this paper is based, some mild perverse activities sometimes only fantastic and more or less eroticized. In striking contrast those who have a reliable sense of time are able to use repression against anxiety. They do not need the primitive mechanism of denial and splitting of the ego. I suspect repression is connected with the ability to establish temporal seriation.

How is it that one of these mechanisms, denial or repression, has been chosen rather than the other? It could be explained by the moment in the history of the ego when the subject met traumatic experiences, as well as by the existence of critical periods when some event is experienced as traumatic that would have been harmless earlier or later, or else by what Lebovici and Diatkine call evolutive disharmonies.

But these nonsense experiences are one of the most pregnant moments of the analysis. Coming suddenly against tough reality, a transference experience abruptly changes its *meaning*, through interpretation. This experience has now a different cause (genetic explanation), a different intention (the desire has changed its object or its aim), it has become a different experience.

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[5] Some do get to a level of instinctual development where they are able to feel distinct from their objects and their cathexis and have settled their object-relationships. Others do not develop, they are unable to feel a genuine difference between themselves and others; their object-relations are excessively close or remote, always unbalanced.

[6] W. H. Gillespie (1952), 'Notes on the Analysis of Sexual Perversions,' *Int. J. Psycho-Anal.*, **33**, 397–402.

[7] S. Nacht, R. Diatkine and J. Favereau (1956), 'The Ego in Perverse Relationships,' *Int. J. Psycho-Anal.*, **37**, 404–413.

THE SYNTHETIC FUNCTION OF HOMOSEXUAL CATHEXIS IN THE TREATMENT OF ADULTS[1]

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The last ten years have witnessed a considerable evolution in the concept and interpretation of homosexuality. It would therefore seem useful to describe this development in the psycho-analytic treatment of adults, which has finally led to a pregenital interpretation along lines indicated by Freud. This trend is in the nature of a synthesis of certain conflicting clinical data which, ten years ago, were bound to confuse any psycho-analyst on the threshold of his career. We shall be relying mainly on French research, partly to relate our description as closely as possible to our own experience, and partly because this synthesizing trend in the study of homosexuality in transference has assumed in France its most characteristic form.

The Problem of Homosexuality Ten Years Ago

There existed, side by side, two distinct theories; both equally well supported by clinical observation:

(i) Homosexuality was a defence mechanism set up by the ego, in regard to an unresolved fear of castration and a positive Oedipus conflict.

(ii) It was, in itself, a drive, as described by Freud in *The Wolf-man*, and corresponded to a biological attitude which, on the one hand, encountered a negative Oedipus conflict and, on the other, a narcissistic refusal by the ego to accept its function of creating an object relationship. On this point Freud allowed it to be understood that acceptance was the unconscious equivalent of a castration wish which, *ipso facto*, entailed its repression.

The simultaneous existence of these two concepts, according to which one and the same attitude might lead to such radically different results, could not avoid creating some confusion in the mind of the young analyst.

Further, there was a lack of clarity as to the relationship between positive transference, described as a libidinal bond between practitioner and patient, and homosexuality. There was, however, agreement with Nunberg who declared that thanks to the positive transference the analyst was able to penetrate the patient's ego in the role of a more comprehensive superego. Even Reich admitted the existence of this process when he said that positive transference was a narcissistic bond concealing negative tendencies. Schlumberger, on the other hand, described the narcissistic aspect of transference at the beginning of analysis. We should note that this at least partially narcissistic quality of positive transference, which renders the patient receptive to interpretation, suggests an underlying homosexual satisfaction, whether the patient be man or woman.

The material collected in the course of work done on the treatment of psychosis and the psycho-analysis of children was beginning to arouse widespread interest. The theories of M. Klein, Federn, and Abraham attracted much attention.

Pregenitality, and the related types of object-relationships, then became a principal subject of clinical research, which was greatly enriched by the work done at this period by Lebovici, Diatkine and Favreau. The maternal figure began in fact somewhat to eclipse the importance of the father, a development which excited some repercussions and a certain disquiet. More and more authors came forward to defend the theory that, in certain cases, regression was so pronounced that the transference neurosis was directly characterized by the projection on the analyst of a maternal image which, being phallic and pre-oedipal, required an interpretation on the same level as the regression.

We have deliberately adopted a rather

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

schematic description of the enigma confronting the novice of ten years back, since it clarifies the progressive development of the theories which led to this perplexity. It seemed, in fact, as if in the course of psycho-analytic treatment the analyst would be simultaneously cathected with several differing identifications, whose continuity and relationship it was difficult to understand.

More recently a great deal of work, of which we shall only quote the salient principles, has been directed towards filling the gaps in the theory described, and to creating a coherent corpus of opinion. Bouvet, in an important series of publications, was the first to show that where pregenital fixations are such as to make object relations regress to aggressive desires for incorporation, the analyst is felt to be an omnipotent, phallic personage, cathected with the patient's aggressivity. The defence mechanisms, which vary according to the syndrome in question, then manifest a certain level in the object relationship. The destruction of projections in the course of analysis leads to the establishment of a positive homosexual relationship which permits the primitive, protective introjections necessary to the creation of progressive identifications. The positive homosexual relationship is unambiguously assimilated to the positive transference.

Pasche, taking up a Freudian concept, to which we shall return later, showed that the normal behaviour of a patient threatened by anxiety after the decathexis of a relationship is to re-cathect his libido in the direction of an ideal ego, a re-cathexis that automatically implies a homosexual relationship. Grunberger insisted particularly on the point that there can be no integration of the oedipal conflict without the support of an aggressive energy freed from pregential fixations. The need for this aggressive energy is felt unconsciously as the desire for anal reception of the analyst's penis. The fantasies inspired by this desire are repressed, and it is only after their integration that the patient can frankly tackle his oedipal conflict. Although Grunberger often insisted on the dynamic value, in treatment, of this desire for narcissistic fusion, he never made it clear whether he linked these processes with homosexuality. His position seems therefore to be fairly close to that adopted by Bouvet who, as we have seen, pointed out the value of the omnipotent phallic personage projected on the analyst.

We ourselves have adopted a similar standpoint when pointing out that the evolutionary process which converts motor action into intellectualization is experienced by the subject as a profound modification of his primitive object relationship.

The primitive sadistic motor drives of the child are displaced, under the influence of the object, onto another object by means of active fantasy. Then, under the real or supposed inhibiting influence of the object, the latter is internalized as an observer, and the subject perceives himself as an agent. The earlier object relationship has become an internal object, thanks to a certain identification with the object as observer.

If this identification is established by the taking over of one of the object's qualities or attributes, it is also the result of the penetrating activity of the object which has imposed this relinquishment. Intellectualization appears after a series of mechanisms of the same nature, the subject then identifying with the real or supposed judgement passed by the object on the products of his fantasy. Here again there is both the taking over of a quality and a breaking in by the object which has enforced the relinquishment.

We have stressed the point that the whole process occurred during the anal stage, and showed how this type of relationship was re-experienced most intensively during analysis, in which the analyst observes the patient acting and forming fantasies and provides appropriate interpretations. The patient then re-experiences with intensity all the conflicts centred on his desire to absorb something of the analyst, and also to ensure that this something of the analyst forcibly penetrates him. The homosexual drive thus appears to be closely linked with the patient's acquisitive drives.

P. Luquet has shown that during the analytic work the frustration of the drives is largely compensated by a movement which satisfies deep-seated pregenital desires. The constant reference to the work of Bouvet shows his support for the theory that these movements appear in transference as conflicts affecting the homosexual drive.

We should like to make special reference here to the preponderating influence exercised on all this work by the teaching of Nacht. His insistence on the decisive effect of the analyst's human qualities on the outcome of psycho-analytic treatment led to a lively interest in the exact nature of the contact established between patient and analyst and of the instinctual trends brought into action.

Thus a whole series of studies has been directed towards filling the gaps left by the theories in the problem of homosexuality in transference as presented some ten years ago. The concept of a movement of approach and the desire to be approached by an omnipotent phallic personage seems to be the essential point on which these theories converge. But what are the clinical manifestations of the underlying homosexual cathexis?

Aspects of Homosexual Cathexis in Transference

We shall now discuss schematically the classic manifestations of this cathexis.

(i) The cathexis may be marked by a positive transference established from the outset. In order to maintain its influence on the evolution of the treatment, it is sufficient to interpret the elements of conflict which may arise to disturb it, elements linked to the defensive system set up against oedipal aggression. The immediate establishment of such a transference can be observed in patients of oedipal structure. They are persons in whom the genital cathexes have been disturbed while the deeper layers of the ego have remained unaffected.

(ii) Homosexuality may appear in transference as a defence of the type: 'I am your object and not your rival, and to prove it, I castrate myself.' It then acquires an obviously masochistic quality and, as Grunberger has shown, the analyst needs to interpret the underlying attempt to absorb the violence attributed to the partner. This defensive system is particularly difficult to reduce when it entails the possibility of a secondary instinctual satisfaction, that is to say when, by an identification with the sadistic object, it permits a relationship of the same type with another object. Here we are dealing with an element of perversion with all its well-known difficulties.

(This latter system can, incidentally, be related to the types of behaviour shown by some individuals who feel compelled to seek a vitiated narcissistic support (moral masochism, drug addiction, etc.) so that they may thereby establish an equally vitiated relationship with another object.)

The display of exchanges in the object relationship normally occurs in the spaces left free by the ego, and indicates a lack of any early true structure-forming relationship, a lack which can only be made good by the establishment of a positive homosexual relationship. This relationship is then capable of filling the lacunae characteristic of such ego qualities. But even if it can be established, it entails a great deal of work, the nature of which has been described by Bouvet in his contribution at the 1957 International Congress.

(iii) Where the structure is characterized by barriers which have fixed the libido at a pregenital level, the aggressive drives for incorporation and the projective mechanisms dominate the clinical picture and determine the nature of the defensive mechanisms according to the syndrome in question. Active desires to introject the omnipotent penis are mingled with the passive desire to be penetrated by it. But the projections turn the penis into a destructive and formidable object. Homosexual feelings are then felt to be particularly dangerous, as a threat menacing the unity of the ego, and are therefore repressed. However, the repression is rarely total and the ego usually maintains some receptive sector through which it is possible to establish a transferential link which will permit the circulation of an ever-increasing degree of nourishment. Thus it is in methods of approach, particularly, that we find variations in technique. In this connection Lebovici, Diatkine, and Kestemberg have shown how the technique of employing the psycho-analytic psycho-drama has often been the means of establishing an approach which would otherwise have been impossible. This technique makes special use of active penetration by the therapist or therapists into the narcissistic universe of the patient.

There still remains the question whether this apparently enigmatic contradiction between the theory of homosexuality as a drive and homosexuality as a defence, now apparently resolved by the study of pregenital object relations, was not already elucidated, in part or in whole, in the work of Freud. We are well aware that apparently original discoveries are often re-discoveries, and merely represent the long road we all have to travel before we can hope to stand up to the dazzling light of Freud's genius.

Theoretical Bases

Here again, in fact, the principal basis on which the classical and therapeutic concepts described are founded, was established by Freud.

When the subject, said Freud, comes up

against a painful reality for the first time, he begins by denying it and hallucinates a satisfaction. This defence is only temporary and the subject is led to recognize an external world, losing at the same time his sense of omnipotence. The lost omnipotence is then projected on the object, which becomes his first ego-ideal. In this statement Freud provided a striking schema of the mechanism essential to ego-maturation. The qualities and the richness of the individual's successive ego-ideals are the moulds in which his personality is formed. The ties which unite the ego to its ideals, Freud tells us, are built up by an essentially homosexual libido.

If the relationship is to be set up correctly and constructively, three conditions must be present:

(*a*) There must be a certain frustration which reveals the full reality of the object and, in particular, bestows on it new and hitherto unperceived qualities.

(*b*) The frustration must be compensated by a climate of affection.

(*c*) There must be a certain pressure exercised by the object as ego-ideal, which tends to direct the subject in a progressive sense, whilst satisfying his passive and receptive desires.

These three conditions are fulfilled in psychoanalytic treatment when a positive transference is established. The homosexual nature of this transference is obvious.

Neurosis is, basically, established in infancy by the dominance or absence of one of these three conditions, according to whether the ego-ideals are deficient or incapable of playing their part correctly. The ego structure is then profoundly modified by fear and guilt. The id perseveres in the hope of encountering valid ideals, or turns destructively against the whole personality.

In 'Analysis Terminable and Interminable', Freud tells us that the most difficult thing is to make men patients accept their femininity, and to make women patients relinquish their penis envy. In other words, whatever the sex, it is the passive-receptive tendencies which are the least acceptable.

It is in this respect that the study of pregenitality has been of the greatest value. Beyond a certain threshold the subject's projection of aggression onto the object endows the latter with such destructive qualities that the temptation to passive desires, that is to say, to yield to the activity of the object, has to be resisted. Although the defences which are then erected may vary in nature, they all have one common characteristic, the repression of passive homosexual tendencies.

In the same way the various defences against homosexuality often share the same characteristic of activity. This activity may be exteriorized in typical behaviour, accompanied or not by psychosomatic disorders, or may be integrated in psychical difficulties. The passivity of the defences paraded by some patients is an exhibitionist pseudo-passivity, which indicates either a state of intense vigilance, or a schizoid or acutely depressive withdrawal.

We consider that the classic conflict between passivity and activity may be attributed to a disturbance of the narcissistic supply from the object. The narcissistic supply, the unconditional and disinterested gift of the primitive and inadequate object, proves unacceptable owing to the mechanisms of projection deriving from the first aggressive reaction.

On the other hand, the narcissistic supply from the object, coming as a recompense for his active attitude, was acceptable owing to the distance which this type of relationship maintains between the two protagonists. It might be said that the subject agrees to be loved at a distance by the object, for what he does, but not at close quarters for what he is. The identifications which canalize defensive activity in such subjects lack the warmth which could only have been obtained by a more intimate contact. Such identifications are on the one hand poor in the quality of their love, and on the other hand frustrating, and therefore unconsciously retain the violent desire to appropriate the qualities of the object. In other words, if there is too much projection, the possibility of converting the object into something hopeful, an ego-ideal, is ruined, since the field of consciousness is exclusively occupied by the menacing aspects of the object.

This basic conflict, which is reinforced by the economic consequences which automatically ensue, may give rise to various personality structures. The libidinal poverty of the identifications which underly these structures indicates their avarice of affect and imposes on them a truly war-time economy. Any attempt at expenditure of libido is felt to entail a risk of haemorrhage. In such cases the progress of the analysis is possible only through a real contribution by the analyst, but this contribution can only be made after the raising of the embargo on the homosexual drive. Only when the patient has acquired a relatively substantial reserve of libido can the oedipal conflict emerge clearly. Sometimes, incidentally, the treatment will appear to be a matter of come-and-go, as every heterosexual expenditure of libido reactivates a homosexual need.

It would seem useful at this point to define more closely the distinction between oral receptivity, which is not yet a homosexual drive, and anal receptivity, in which the homosexual drive attains its full dimensions. The oral avidity is looking for a global, undifferentiated supply, a vast sensorial contact. Hysterical subjects who, incidentally, often present an underlying anal avidity, display a characteristically oral picture when, for instance, they internalize unknowingly the voice of their analyst.

The desire for anal incorporation is characterized by the fact that it is differentiated, localized, selective; it is focussed on the qualities of the object, its way of living, cathected, incidentally, with magical omnipotence. This is what Bouvet has in mind when he makes it clear that transference in neuroses with strong pregenital fixations turns the analyst into an omnipotent phallic personage. Grunberger also shares this point of view when he describes the desire for anal reception of the penis cathected with great power, to which he gives the particularly appropriate name of 'dynamic penis'.

We have, of course, no intention of minimizing the role of the genital stage in the processes we have described.

One of us has dwelt on the post-oedipal reactivation of pregenital conflicts. The emergence of the phallic drive is accompanied, as Mallet has shown, by the incapacity of the infantile ego to integrate it correctly. The adult penis, ideal in its dimensions, becomes both for boy and girl the object through which it is possible to escape from the anxiety caused by libidinal retention. The desire to become possessed of it, to be penetrated anally by it, is reactivated. Here again the homosexual cathexis of an ego-ideal, a long-term cathexis, since the child believes that he will have 'all that' when he is older, provides an outcome from this anxiety.

To conclude, the homosexual drive appears as a drive connected with growth, and its merits and defects leave their mark on all the identifications which go to form the individual ego. It is therefore not astonishing that it should play such an important part in the course of analytic treatment. In the treatment of women patients showing distinct pregenital fixations, the obvious, significant manifestation of homosexual desires take on a heterosexual form. Freud pointed out the presence of this phenomenon in women with eroto-maniacal symptoms.[2]

As Freud has shown, after a temporary and futile negation, the subject recognizes the object, reality. Infantile megalomania collapses with this recognition. The moment the megalomania is projected on the object, nostalgia for the past becomes hope for the future, and the subject's movement in pursuit of the ego-ideal imposes a formidable responsibility for the future organization of the subject's ego on the object cathected with this great power. The subject desires with all his heart that the object should be what he himself can become. Any shape taken by the aggressive aspects of this desire is directly related to the forms of the object relationship which is set up.

In *The Schreber Case* Freud states that the function of homosexuality is to free the individual from his narcissism and auto-erotism. Our patients, debarred from such progress by neurotic conflicts, revert more or less intensively to auto-erotic or narcissistic positions. They require a homosexually cathected object in order to remobilize a fixated libido. It is clear that in most cases the method of cathexis is vitiated by the conflicts which disturb the patient, and particularly by the unconscious dramatization in fantasy which produced the fixation. Every interpretation by the analyst which clarifies this libidinal blockage makes the patient conscious of a different way of living towards which he can once more move. If this way of living is then related to the personality of the patient, it is the analyst who reveals it and ensures its penetration of the patient's consciousness.

The ego can only acquire this new structure if the patient accepts both his desire for absorption and the passive-receptive satisfaction derived from his contact with the analyst. The positive transference is the manifestation of this acceptance, which is in inverse proportion to the strength of the aggression projected on the object.[3]

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[2] It is, by the way, remarkable that the studies in which Bouvet demonstrated the variations of the homosexual drive in the transference neurosis should have begun with the study of the case of a woman patient. Luquet has recently shown the importance of resolving pregenital conflicts centred on the fantasy of the phallic mother in order to establish a well-balanced femininity.

The acquisitions which develop along with the reduction of projections are anal acquisitions. Orality is too brutal to permit of the relative delicacy of progressive insight which is necessary to the favourable development of the analytic treatment, particularly in its early stages. An obvious display of orality is, incidentally, often a defence against anal avidity. ‘ I want everything ’, is frequently a cover for ‘ I want that ’. Anality is the quest for a qualitatively determined object.

Whatever the sex of either analyst or patient, anal acquisitions are evidence of homosexual cathexis. The transition from this primary form of homosexuality to the more evolved forms which we have seen adopted as temporary solutions to difficult oedipal conflicts is not one of continuity, but a simple evolution related to the discovery of the qualities of the objects which have been adopted as successive ego-ideals. This does not imply any profound difference from homosexuality at the genital level, if the latter is fortunately achieved. Thus the part played by homosexual cathexis in the formation of ego-structure is by continuity of development, whether in the course of the child's development towards adulthood, or in the movement of analysis towards a cure. Psycho-analysts have thus the formidable responsibility of being cathected with ideal powers by their patients. It is their duty not to fail them. The need to bear without faltering the burden of the hitherto disappointed aspirations of our patients is a task of which we alone appreciate the difficulty. We should never succeed in fulfilling it if we were not ourselves sustained by a common ideal.

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[3] Our understanding of the hazards imposed on object relations by the mechanisms of projection has been much enlarged by the psycho-analysis of children. Disturbance of the binary relationship, early tendencies towards triangulation, reappear in the patient's difficulty in cathecting the analyst homosexually.

THE ROLE OF SILENCE IN TRANSFERENCE, COUNTER-TRANSFERENCE, AND THE PSYCHO-ANALYTIC PROCESS[1]

By

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This brief presentation will be limited to those aspects of the problem of silence during analysis which relate to transference and counter-transference. In the course of my remarks I shall comment on silence and its relation to technique and emphasize the continuous role which silence plays in the psycho-analytic process. But first I should like to present some general preliminary thoughts on the psychology of human silence, in order to provide a frame of reference for the specific theoretical and clinical formulations which follow.

Let us conjecture for a few minutes what a state of silence between any two or more people might mean. Obviously, it could reflect many different psychic states and qualities of feeling. It might evidence a state of agreement, disagreement, pleasure, displeasure, anger, or tranquillity. The silence could be a sign of contentment, mutual understanding, and compassion; or it might indicate emptiness and complete lack of affect. Human silence can radiate warmth or cast a chill. At one moment it may be laudatory and accepting; in the next, it can be cutting and contemptuous. Silence may express poise, smugness, snobbishness, taciturnity, or humility. Silence may mean yes or no. It may be giving or receiving, object-directed or narcissistic. Silence may be the sign of defeat or the mark of mastery. When life-and-death situations are being sweated through, there is little occasion for words. Silence prevails when the ' moment of truth ' is at hand, for, as has been said, silence is closer to truth than words.

Silence may be discreet or indiscreet. A tactful silence serves to prevent the expression of inappropriate thoughts and feelings. The art of being tactful combines the skilled use of silence in verbalized as well as non-verbalized action. Thus there is a component of silence in every verbalization. When absolute silence is not feasible, a gesture, grunt, or mimetic expression serves as a compromise between verbal and non-verbal communication. As Loewenstein has pointed out (3), to speak means to commit oneself to the externalization and auditory perception of one's inner thoughts, hence to the conscious knowledge of the existence of certain ideas and affects within oneself. And conversely, to be silent means to be safe from others and from oneself. Silence isolates and tends to create a closed circle. It serves to shut in one's inner thoughts and feelings and at the same time shuts out the perception of external stimuli. This may be a voluntary act or it may be an unconscious protective process against any kind of threat, real or fantasied. The motor activity of speech, i.e. the muscular action of vocalization brings speech closer to reality-testing than silence. Speech is less subject to the magical fear of the interchangeability of thought and action than is silent, unspoken thought. Not to hear one's thoughts makes it easier to deny them. During silence the ego endeavours to cover up unacceptable thoughts or feelings, but while doing so the body involuntarily ' leaks out ' those very feelings.

During states of apathy or depression, we speak very little or not at all. The silence of the melancholic or the mutism of the catatonic communicates non-verbally to an empathic observer the intrapsychic suffering and the autistic withdrawal. Silence in the hysteric may symbolize death or represent an unconscious identification with a dead person. In primitive thinking, the silence and immobility of sleep and death are the same. Silence in dreams often symbolizes death. Silence provides a healing atmosphere for the sick, helpless, or bereaved. Silence in the hospital, nursery, church, library, or analyst's office serves as a protective shell offering warmth and supplies on different functional, symbolic, and sublimated levels. The total impact of silence throughout life has, in fact, such a wealth of meaning and influence that only a fraction of its potential can really be appreciated. For silence, like thought itself, permeates all levels of human functioning, from the infantile to the most mature. Thus it provides a continuous medium for the communication of affect.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959. This paper is a condensed version of part of a larger study by the author on ' The Psychology of Silence '.

With these introductory remarks, let us now consider some of the technical uses and specific meanings of silence within the psycho-analytic setting. I shall begin with the problem of psycho-analytic method, and deal first with the contrasting roles and prerogatives of analyst and analysand, indicating their respective vicissitudes during the course of treatment. Every analytic contract includes in its initial arrangements a simple statement of the method of treatment, a clear financial agreement, and an agreed schedule of working hours. Because of his need and wish to be helped, the patient accepts these conditions, comes at the appointed time, and begins the analytic task of verbally reporting all conscious thoughts and feelings. The analyst observes and listens. The method starts out simply. The patient is unaware and the therapist uninformed as to the course the analysis will take. The patient's verbalizations together with the analyst's silence constitute the standard framework of the method. The roles originally agreed upon of patient-as-talker and analyst-as-listener continue as the centrally structured part of the analytic setting. Every analytic hour starts out from this operational baseline and automatically returns to it. Only when the analyst intervenes does the patient become a listener. The moment the analyst stops talking, the situation reverts to that of patient-as-talker and analyst-as-listener. This part of the method operates like an automatic pilot, no matter in how flexible or unstereotyped a manner the analysis is otherwise conducted. From this traditional procedure any appreciable patient-silence that ensues, for whatever reason, has been loosely regarded as ' resistance '. I shall illustrate later, with a few clinical excerpts, some of the difficulties which may result when this aspect of the fundamental rule governing silence and verbalization is too easily taken for granted. My purpose now is to show how the use of silence during analysis, whether it be a pause or a prolonged interval, serves either to promote or impede the analytic process. Which of these occurs will depend on how the patient uses silence in the transference and how, likewise, silence is dealt with by the analyst. Let us examine this point more closely: When the patient's speech is inhibited and silence prevails, the analytic aim is not merely to get the patient to speak, but to try to make meaningful for him the unconscious reasons for his inability to speak. If silence poses itself as a presenting problem in the analysis, it has to be analysed like any neurotic conflict. If it shows up as a transitory ego attitude or a persistent character trait, it likewise has to be appropriately interpreted and worked through.

In the light of modern ego psychology and the corresponding advances in our conceptualization of transference, we are better able to appreciate how the analyst's words, voice, and attitudes are magically introjected by the patient and how these introjects are used to gratify his unconscious needs. I shall demonstrate later how the analyst's *silence*, depending upon its use and meaning, may either *provide the patient with* or *deprive him of* such gratification. In one of his papers on counter-transference, Racker (4) stressed the point that the *patient's* words and ideas may at times be used as gratification (' nutriment ') for the *analyst*. I should like to add to this that in such analytical situations the *patient's silence* may likewise be improperly dealt with by the analyst and be felt within himself as wilful retentiveness, emptiness, or nothingness, a probable evidence of ' counter-transference ' reaction in the analyst due to his own unconscious feelings of deprivation.

Silence during analysis may be used in the service of resistance or it may supply content. It may be anxiety-laden or conflict-free. The silence may be a sign of ego regression or ego mastery. It may emanate from id, ego, or super-ego. One should keep in mind that silence may be used consciously or unconsciously in all these capacities by analyst or patient, with accompanying frustration or gratification. If the feeling behind the analyst's silence is a consistently benevolent one, it will greatly help the silent patient, following a period of trial testing, to verbalize. During this preparatory non-verbal period, self-assurance and self-realization develop *if the patient senses that the analyst's silence grants him the right to be silent* if he is unable to speak. Thus, there can be fused in one and the same analytic interval an abstinent, yet benevolent, maturative atmosphere which gradually permits of reality testing within the analysis by eventual verbalization. If, however, the analyst's silence in one way or another denotes impatience, boredom, indifference, or annoyance, this will surely be sensed by the patient and be thought of as disapproval, rejection, or condemnation. The analytic situation may then become an actually depriving or hostile one. Silent intervals of this order may prove intensely resistant. We have all experienced the negative effects of intervention during such periods. Breaking into such a period of reactive silence with a question such as, ' What are you thinking?' usually evokes the reply, ' Nothing ', or ' My mind is a blank ', or ' Oh, you still here?' followed over again by continued silence. It is, of course, true that these very remarks contain important hidden meanings, but the emotional climate of the analysis at that particular time precludes their utilization.

With orally fixated patients prolonged periods of silence may, depending on its quality, increase the inhibitory resentment or, conversely, may provide a non-verbal, libidinal matrix in which the affective qualities of speech subsequently take root. The pre-verbal origin of this interpersonal phenomenon is beautifully described by Greenacre (1):

> '. . . Even if the periods of repeated contact between two individuals do not comprise a major part of their time, still such an emotional bond develops and does so more quickly and more sensitively if the two persons are *alone together*, i.e. the more the spontaneous currents and emanations of feelings must be concentrated the one upon the other and not shared, divided, or reflected among members of a group . . . I believe the matrix of this is a veritable matrix, i.e. comes largely from the original mother-infant quasi-union of the first months of life. This I consider the basic transference, or some part of primitive social instinct.
>
> ' Now if both people are adults but one is troubled and the other is versed in the ways of trouble and will endeavour to put the torchlight of his understanding at the disposal of the troubled one, to lend it to him that he may find his way more expeditiously, the situation more nearly approximates that of the analytic relationship. The analyst acts then like an extra function, or set of functions, which is lent to the analysand for the latter's *temporary* use and benefit. . . .'

Currents of empathy or antipathy which accompany speaking and which may emanate during an interval of silence represent adult derivatives of the pre-verbal child-mother relationship. The benevolent attitude of the analyst makes it possible for the patient to tolerate the abstinence created by and essential to the analytic process. If during a state of silence the analyst, in any non-verbal manner, evidences a withdrawal of this empathic attitude, or in Greenacre's words ' this extra function ', the analytic process is deflected or arrested, for the patient reacts to the actuality of the situation, just as he might to any external interference or interruption. We are aware that proper timing, dosage, and the use of tact when making analytic interpretations are as essential as the interpretation of content. This is no less true of the analyst's use of silence. The misuse of the analyst's prerogative of silence, either by gross omission or by failure to make a subtle or timely intervention (maybe just a grunt or an ' ah!'), may have strikingly untoward effects. The patient is often ready and the analytic situation ripe for the analyst to speak, but for reasons within himself (counter-transference) the analyst remains silent. The listening attitude of the analyst is a good barometer of unconscious counter-resistance. It takes two to maintain a silence in the same way that it takes two to make an argument. It is common experience that some patients endeavour to convert the analytic situation into an argumentative one. This form of verbal resistance is familiarly dealt with by appropriate and timely interpretation. That a patient's silence can induce a non-verbal stalemate if the analyst unknowingly participates may not be so clearly recognized. Or the analyst may be confused, fatigued, seduced, or immobilized by the patient's continued silences. Kris (2) has pointed out that silence in the transference situation affords the patient an opportunity to invite the analyst to share in the emotional experience of his fantasies. Silence thus may be aimed at inducing the analyst to re-instinctualize the process of empathy and to elicit counter-transference responses which amount to a shared acting-out, a joint repetition instead of recollection.

How then can such intervals be best managed? What determines the optimal period before intervening and what type of intervention is best? Should one question directly, ' What are you thinking?' or less directly, ' What do you think your silence might mean?' Or should the silence not be mentioned, and the patient's attention be directed to a particular gesture or body movement? Should an inexact interpretation of what has been gathered from preceding material be attempted? Should one resort to suggestion, persuasion, or explanation? Or should one just wait for some strategic moment or unexpected break in the situation, meanwhile meeting silence with counter-silence? Obviously, there is no single or simple answer. Each analytic situation is unique. Careful watching of the counter-transference, however, may often touch upon or bring in the meaning of the silence. If the analyst can be both as empathic and as objective during intervals of silence as he is when the patient or he himself is speaking, he may discover how certain of his own silences are inappropriate and are determined by previously hidden emotional factors within himself.

I have posed two comparable problems: *How the patient's silence affects the analyst* and *How the analyst's silence affects the patient.* I have pointed out that a patient's silence stimulates thoughts and feelings in the analyst on conscious and unconscious levels and that these feelings relate to the patient's previous verbalizations, his body-set, or other somatic indicators. The analyst's own thoughts and feelings during silence ought not to complement, oppose, or otherwise *improperly* interact with the specific thoughts and feelings underlying the patient's silence. To maintain such neutrality, the analyst has to be aware of the subliminal, highly delicate transference factors in the patient's silence, else he will enter into the patient's conflicts. If this happens, the analyst becomes the silent accomplice of the patient's neurotic silence and reacts to the appeal or other emanations of feeling which the patient is non-verbally communicating to him.

Silence in analysis may be a sign of the patient's fixation at any psychic level. The classical model of the psycho-analytic situation by its very nature induces temporary regression permitting the psychic apparatus to revert to early levels of frustration and fixation. When the regression has been maintained and the original frustrations have been re-experienced in the transference, the infantile needs may thereby become attenuated. Some maturation of the ego then ensues. The libidinal factor in psycho-analytic therapy is a real as well as a symbolized re-enactment of the original child-mother situation. The primary transference (oral gratification) may be easily misconstrued and dealt with as a state of resistance, the content meaning of the silence being overlooked. If the analyst does not tyrannize the patient verbally and maintains an empathic, listening silence, the patient's primitive ego seems ultimately to be strengthened. This is therapeutically possible if the analyst remains alert to and interprets the meanings of the silence and how it changes from time to time. He then knows, like the wise parent, when and how much frustration can be instituted in the service of maturation. The orally fixated patient, having filled up during a period of silence by the ' psychic alimentation ' of the analyst's nutrimental words or his nutrimental silence, is thereby enabled to verbalize (sphincter willingness to present a gift, thus completing the infant-mother transaction). On other disturbed or regressed levels, the patient's silence may be a sign of autistic withdrawal or temporary splitting of the ego. In these situations, the analyst must know when to reintroduce himself as a real object, for his silence may then no longer be in the service of the analysis. The interaction of patient-silence and analyst-silence promotes the analytic process only as long as the patient's regression remains in the service of the ego. If the silence is taken over by forces of the id or superego, either of patient or analyst, the analytic process stops.

A patient's silent attitude during the analytic session may constitute a form of acting out, within the analysis, and may eventually reveal its specific meaning as though it were explicitly verbalized. The following clinical excerpt is presented in order to illustrate how the analyst's silence, in this instance a counter-transference reaction, interacted with certain transference feelings which the patient was experiencing during an interval of silence.

This patient was a highly intelligent young man, outwardly aggressive but inwardly frightened, a narcissistic character, unaware of his egocentricity and selfish disregard of others, yet gifted with an uncanny sensitivity to the unconscious feelings of those about him. After a long period of absolute silence, he abruptly exclaimed: 'A person sure has to be dedicated to be a psycho-analyst. I got to hand it to you, Doctor. To sit in a room all day while the sun is shining outside . . . I don't envy you having to put up with the likes of me, taking all the contempt and crap that I dish out, *especially during these long silences.*' This patient was at the end of the third year of his analysis. Many determinants of his frequent silences had been uncovered and worked through, but his most tenacious silent intervals had occurred when he acted out against me his repressed childhood resentments and his unconscious need for revenge. He very soon exhibited towards me the same aloof, indifferent attitude which his parents and grandparents had imposed upon him since early childhood. Of the many unreasonable restrictions of movement and speech through which he had suffered, the one which hurt him most was his not being allowed to speak unless he was first spoken to. He was a miserable only child of middle-aged wealthy parents. He was and felt excluded, unnoticed, and alone. He lived in a world of tall buildings and tall adults. He felt lost in the huge, modern hotel apartment in which he lived. At the dinner table he was dealt with by his parents as though he were non-existent. These unhappy and deprived features of his life were well known to both of us. Their recurrence in the transference neurosis had been interpreted many times. But he clung obstinately to this silent, resentful attitude. Not until I recognized how my own silence had unwittingly played into the specific purpose of his silence was it ultimately worked through. The point I wish to make is that the patient sensed in my silence an unconscious affinity on my part to absorb the contempt which he was silently but inexorably projecting on to me. As I observed him during this interval of silence, I thought, ‘ His hatred and contempt for his father have been transferred on to me. He continues to pick his nose and act out his displaced anal-sadistic fantasies as he drops the black nasal crusts on the rug beside the couch.’ My thoughts continued, ‘ But his silence and acting out of these feelings have already been interpreted many times, and their unconscious meanings ought surely to be clear to him. Why is he still unable or unwilling to verbalize them?’ While so thinking I remained silent. And by so doing and not voicing the above interpretation the moment *his silence and acting out* were meaningful to me, I played into and enhanced his acting out of the transference, thereby aiding the specific purpose of his silence as a manifestation of the neurotic process. As a result of my not intervening, the reality of the transference situation re-enacted *too vividly* the original childhood feelings and their accompanying neurotic defences. This gratified the patient’s omnipotent, sado-masochistic needs rather than exposing them by timely interpretation. This patient was giving me the identical ‘ silent treatment ’ which his father had given him; at the same time he was also being the silent analyst. It was his intense guilt which ultimately made him break the silence, thereby enlightening both of us as to how our interacting silences were being used in the transference–counter-transference. Admittedly there is much to be gained from the careful analysis of such analytic occurrences. Otherwise these interacting silent states remain obscure, the silence persists, recurs, or is manipulated at the expense of analytic progress.

Soon after the above episode, this patient’s repressed death wish against his father emerged in a rather unusual way: During a period of prolonged silence, he developed a fine, clockwise, circular tremor of his head. In his associations to this rhythmic head movement he became aware of the accompanying fantasies and explained that, at that moment, he was not only wasting (‘ killing ’) my time by being silent, but was also magically forcing the hand of the wall clock to go around faster in order to bring about the end of the analytic hour and be rid of me. This kind of barely discernible motor activity or posturalizing during a period of analytic silence is not unlike what I have elsewhere described as ‘Acting-In ’ (5). It is a repetitive, symbolized posturalization or muscular expression of a thought process (in this instance a magical wish). As he became aware of the meaning of his silence and the concomitant acting-in, his parricidal wish and feelings of genital inadequacy emerged. Shame-laden childhood memories returned as he continued, ‘ If you would die, then this horrible chapter of my life, i.e. this analysis, would become a closed book. Let’s face it, I’d like you out of the way. After all, I’m more than twenty years younger than you and I can outlast you. My analysis reminds me of all my weaknesses; and by getting rid of you it would all get written off like disappearing ink. It’s like when my mother took me to Dr X, who gave me shots when I was 12 years old so my penis would grow larger. I didn’t want anyone to know, I felt so ashamed in front of the boys in the locker room. . . . My penis was so small and I wanted mine to be big like my father’s and I wished him to be dead so I could take it away from him . . .’ (and so on with further associative memories, self-realizations, and increasing insight).

The essential nature of the psycho-analytic method is such that it is not only conducive to, but should not avoid, silent intervals, repeated deliberation, or even marking time. The familiar pause during which self-realization and insight are being registered constitutes not only a phase in, but is an integral part of, the psycho-analytic process. The passage of time (‘ Elixir of Time ’) is as indispensable a factor in the psycho-analytic process as it is in the realm of physical growth, development, and cure. The cogent elements which make psycho-analytic interpretation a therapeutically effective instrument include not only what the analyst chooses to *say*, when and how he says it, but also his more frequent *silences*, during which periods he advertently or inadvertently communicates his feelings.

Discussion and Summary

Silence is a complex psychic state not easily classified or systematized. Although antithetical to speech on a verbal level, a state of silence may non-verbally communicate an existing mood, attitude, aggressive or libidinous thought or feeling.

Silent intervals during the analytic hour are neither random intermissions nor analytic rest periods. They are richly overdetermined mental states and, along with the related processes of verbalization, thinking, remembering, and posturalization, play an essential part in the psycho-analytic process. Silence, together with body postural attitudes and their somatic concomitants, provide both resistance to and content for the psycho-analytic process. From the structural hypothesis of ego psychology, silence has been conceptualized as a multi-determined ego attitude. By the defensive use of silence the unconscious ego precludes or binds internal verbalization (repression); the conscious ego suppresses verbal communication on an expressive, auditory level. The process of verbalization may be conceived topographically as being blocked at any level in the system Cs-Ucs; from unconscious levels of primitive fantasy-formation to effective, reality-oriented ideation and finally to the conscious motor act of speech (vocalization and articulation). From an economic viewpoint, the cathexes of aggressive and erotic feelings experienced during silence are discharged through non-verbal channels, verbalization as an avenue for the discharge of these affects being blocked by the counter-cathexes of silence.

I have tried to show how analyst-silence as a component vehicle of the transference provides the non-verbal matrix in which the therapeutic process is initiated and maintained. As treatment progresses and the infantile part of the patient's ego undergoes maturation, this initially fragile relationship gradually becomes more structured and increasingly cathected, i.e. object-related. The qualities of silence immanent in the analytic situation and genetically derived from pregenital levels contribute to the preverbal and later verbal nature of transference, counter-transference, and the maintenance of the therapeutic alliance. During the course of an analysis, patients re-enact in the transference all or many of the original uses and meanings of silence which have accumulated or been synthesized from different developmental levels. Unless the analyst is correspondingly aware of the many meanings and uses of his own silence, he, too, may unconsciously re-employ his original silences in the counter-transference. With a more thoroughgoing understanding of the metapsychology of silence, this remarkably ubiquitous, richly determined, and perplexing human attribute can be sharpened into a more meaningful phase of the psycho-analytic process.

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ON THE TRANSIENT DISINTEGRATIVE EFFECT OF INTERPRETATIONS[1]

By

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This paper is an attempt to contribute to a *particular* aspect of the phenomenon we call the ‘ analytic process ’.

We have the opportunity to observe in our daily practice that the consistent application of interpretations may cause considerable and lasting changes in mental dynamics. We are also fully aware of the precarious balance which may arise in the course of treatment. The rule of abstinence lays particular emphasis on speech, on words as the sole desirable tool of treatment with adult neurotics and the main vehicle of communication with children and psychotics in treatment. Loewenstein (9), discussing the role of speech in psycho-analysis, states that ‘ there is no more powerful magic than that of words. This is perhaps the one realm where so-called magic is really operative.’ This view leads us to several essential features of the transference neurosis in which the present is experienced in terms of the past. The revival of the past means the return of archaic thinking and relationships.

M. Balint (1) has shown in a series of theoretical and technical papers that the archaic mother-infant relationship operates and manifests itself at several crucial phases of the analytic process. Heimann (7) expresses similar views: ‘ The functional unit of analyst and patient reproduces the functional units which the patient experienced in the past, first with his mother’s body, and later with both parents.’ Greenacre (5) points out that ‘ the non-participation of the analyst in a personal way in the relationship creates a “ tilted ” emotional relationship, a kind of psychic suction.’ Hartmann (6) stresses the importance of what he calls the principle of multiple appeal. He objects to the notion that the analytic process can be directed in the form of layer-to-layer working. He emphasizes that intrasystematic and intersystematic correlations and overlappings are present at every phase of the therapeutic procedure and refers to the importance of speech and language in this shifting from ‘ certain spheres of the ego to other functional units within the ego ’. Lorand (10) states that some phases of the transference neurosis may be experienced by the patient as extremely traumatic. ‘ The regression to pregenital fixations may involve a defence against the more dangerous, threatening situation arising from the analysis, which aims to make the patient adult in his reactions.’

These quotations amply support the view that interpretations precipitate a complicated and controlled, but nevertheless traumatic process.

Finally I wish to quote Freud’s (4) views on this point. In ‘ The Dynamics of Transference ’ he gave an account of the dynamics: ‘ The unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavour to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination (*Halluzinationsfähigkeit* in the original). Just as happens in dreams, the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation.’ Twenty-five years later, in ‘Analysis Terminable and Interminable ’ (3) he discussed ‘ our therapeutic ambitions ’: ‘ We expose the patient to a measure of real suffering through frustration and the damming-up of libido. Now it is true that in ordinary analytic practice we do make use of this technique. Otherwise, what would be the meaning of the rule that analysis must be carried through " in a state of abstinence "? But we use it when we are dealing with a conflict which is already present. We try to bring this conflict to a head and to develop it in its most acute form in order to increase the instinctual energy available for its solution.'

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

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I want to discuss those immediate effects of the transference interpretations which may be responsible for these dynamics.

An Illustrative Session

I want now to discuss some aspects of a session with a 34-year-old unmarried male patient. He came into treatment because of his inability to settle down to any trade or job.

The patient spent many months in his childhood with his grandparents and other relatives, since his father did not then earn enough to keep the whole family together. Nevertheless his brother who is six years younger was always with the parents. He did military service in the Pacific theatre during World War II. After the war he entered college and left it a few weeks later. Then he held a well-paid business job for a couple of years and spent his earnings on the Continent in the following three years. After he returned he drifted from one job to another. In the last ten years he spent many hours in public libraries, reading greedily and acquiring a great deal of unorganized knowledge, particularly on art and psychology. His sexual life consisted of many love affairs of shorter or longer duration.

Neither the anamnestic data nor the first year of his analysis showed signs of psychosis, or traces of any thought disorder.

The session was chosen as an illustrative one because of the swiftly changing dynamics. It represented the harvest of many previous sessions in which some of the patient's resistances and acting-out were discussed and interpreted in detail. Thus the analyst's attitude is characteristic only for this type of session. We find similar sessions in every patient's analysis.

It occurred in the sixth month of his analysis (four sessions weekly).

He began with one of his usual attacks on me. His previous attacks were directed against my ignorance of American culture, my stupidity, my incompetence as an analyst, the rigidity of the orthodox group, my inability to point out anything to him he had not known for ten years. The attack in this session was provoked by my necktie. He considered it tasteless and commercial. This in his own words ' worried him no end'. He soon worked himself up in his bitterness against my bad taste. I interpreted, referring to previously discussed material, that ' teasing anger ' is the only emotion he has allowed himself to develop since childhood, when this was his only weapon against adults. There he feels in the old rut, which is unpleasant yet well known. Any other emotion, like sorrow, tenderness, or rage, may, in his opinion, get out of hand.

Here an attitude of the patient which may have been quite realistic, namely his criticism of my bad taste, was taken out of its actual context. It was connected with the general pattern of his object relationships. But this part of the resistance interpretation also contained the statement that as a rule he was constantly on the brink of conscious fear. Actually the interpretation was a statement to the effect that ' You are afraid of your feelings towards me ', and thus inevitably contained the further statement: ' You are afraid of me '. The interpretation threw him from the secure position of his ' good taste ' into a position of emotional insecurity. He offered a rationalization for his attitude, displaying a well-organized integrative ego-function. He found out, he said, that rubbing people's sore spots was the most successful way to get at the best of their knowledge. Therefore aggression was the most useful and fruitful attitude for him, and even for the ' teased ' ones, since this gives them the opportunity to show their best qualities.

This integrative functioning, which offered a ' philosophy of life ', did not last long. He was not able to escape from the position into which the interpretation pushed him. He slipped into the infantile position established by the interpretation and recalled a very sad and important experience of his life.

' I was thrown out into the world. When I was six, I once again lived with my ageing and uneducated grandparents. On my sixth birthday I expected my father to visit me, as he had promised. Though my grandmother assured me that father would not come, I did not believe her, and was waiting for my father in front of the house sitting on a bench. Time passed and everybody went in for dinner, I did not leave the bench because I wanted to see him when he turned round the corner. Night fell, everybody went to bed, I was sitting and waiting there, until dawn came, and my grandmother forced me to go to bed. Never, ever did I trust anybody again.'

This last statement made it obvious that through the introjection-projection mechanisms the analyst became identical with a definite 'bad' aspect of the father. The following interpretation made this process conscious and gave it a broad basis by voicing some of its dynamic ramification.

I told him: ' You resent and distrust me because of my bad taste just as you resent and distrust your father. But your distrust and resentment go further than the matter of taste. You think, part of your mind thinks, that I am as neglectful and incapable of understanding you and helping you as your father was. In a way you feel the same helplessness and despair you felt while sitting on the bench and waiting in vain for your father.'

This interpretation not only restated the identity of father-son relationship with that of analyst-patient relationship, but also stated explicitly that his present anxiety was identical with that of the 6-year-old boy.

This shifting through the traumatic effect of the interpretation, from a given functional unit of this patient's ego into another, was followed by a renewed attempt to split off again the traumatically evoked complex. The patient swung back to the social doctor-patient level, and said that he knew that in order to have a successful analysis we should get ' emotionally involved '. A further sign of resistance was the denial of the previous infantile anxiety situation. He said: ' I cannot hate you, I cannot love you, I cannot even despise you.'

The next interpretation was aimed at breaking through this resistance in order to re-establish the previous merging of oedipal units with the transference relationship. I told him that in my opinion just the opposite was true. He was afraid of being too deeply involved with me. This frightened and confused him in the very same way as his relationship to his father had confused and worried him since his childhood. Nevertheless he created a situation which made him dependent on both of us, his father and his analyst. The former pays for his analysis with the expectation that the treatment will help him, and I treat him with the understanding that his father will pay for his analysis. While as a child he was forced into dependence on his father *and* one or another relative, at present, *he enforced* a similar situation of sharing responsibilities for him between me *and* his father.

What followed showed that the chain of these few interpretations brought to the fore a particular split-off complex of his father relationship. He burst into derisive laughter which gradually turned into a half-crying, half-begging soft childish voice, soon becoming more and more insistent, and finally passionate. His first sentence was a manifestation of resistance, in order to escape from the actual transference situation: ' You don't do anything for me and you don't mean anything to me.' Then he slipped into a passive homosexual, masochistic plea: ' You should smash me into a pulp, cut deep into my flesh, hurt me, make me suffer, and then rebuild a new man, so that I could do whatever I wanted to do.' A split-off complex emerged here, the screen memory for which may have been the memory trace of the little 6-year-old boy desperately waiting for his father. The dangerous, destroying and love-demanding aspect of his father appeared, an archaic precursor of his superego, aiming at physical destruction.

The primary processes came into manifest operation for a short while. Regression, condensation, displacement, and symbolism took full toll of the situation. Split-off fantasy fragments reappeared and in a state of transitory disintegration took possession of the functioning ego. But more than just disintegration occurred. A simultaneous presence of various developmental stages and object relationships took the field at one and the same time. The ego parts were interlocking; a conglomerate of related part complexes and of the actual patient-analyst relationships was present. He almost immediately recovered from this disintegration. He renewed his attacks on me with derisive mockery and stated that my passivity and patience was a cover for my ignorance and my inability to get to the core of the matter.

My next interpretation was that he considered his father at many stages of his past as cruel, ignorant, and negligent. He felt the same way in many respects towards me, since I do not hurry, in his opinion, to his help, and do not relieve his tension, just as his father did not hurry to him on that fateful birthday.

Subsequently he turned to attack his mother. He began talking about his mother's negligence, her bickering character, her absolute lack of understanding. A remark of mine, referring to already discussed material, and pointing to his fear of tenderness, triggered a series of associations and involvements in his relation to women in general and his mother in particular. He told first in a surprised voice: ' You know, I don't like women's fingers touching me during conversation. What I hate nowadays with my mother, whenever I visit her, is that she is all over me, caressing and kissing me.'

At this juncture I uttered a ' Yes ', which threw him into a fit of anger. He shouted at me: ' You stop with your hypocritical " yesses ". You are interested in my money only, I am fed up with your pretending interest in me. I hate this hypocritical, insincere soft voice.' Several aspects of the mother appeared in the transference at this point. The tenderly loving as well as the destroying one, desire and fear were experienced at the very same time in quick oscillation.

The interpretation following this outbreak pointed out to him that he was longing for the analyst's soft and soothing words in the very same way that he was longing for the caressing fingers of his mother, and the tenderness of the women in his present love-life. He is full of resentment, because his mother abandoned him in his childhood so many times, and I abandon him at the end of every session for the sake of other waiting patients (this referred to discussed material). And what hurts him even more in the actual situation is that he feels that I am out for his money, would not treat him if he did not pay, and even treat other patients more cheaply. His mother sent him away for lack of money, but always kept his brother at home. ' Yes, he was the little darling, he never disappointed them, he is the big success, he has got two children.'

Again the interpretation put into words various part-conflicts of the patient. The interpretation forced his ego, through connecting present and past, to face these conflicts simultaneously. This established the archaic son-mother relationship and stated the openness of the ego boundaries, creating a conglomeration of the various part complexes.

The Multiple Impact of Transference Interpretations

In this paper I have tried to demonstrate with a few examples the operation of the multiple appeal of transference interpretations. My main concern has been to concentrate on the phase which precedes reintegration. I made an attempt to go into the details of this traumatic situation, first described by Freud in powerful language. On account of the prevailing primary process dynamics a transference interpretation has three main spheres of impact.

(i) A global one, its effect operating as a whole, embracing the total meaning of the sentence or sentences.

(ii) The fragments, single words or word groups act in their own right, appealing to upsurging ego units or to different parts of the conscious functions.

(iii) The fragments of the interpretation may touch ego units which at the given moment are far from the integrated part of the ego.

This warns us that even a so-called ' superficial ' interpretation of resistance may set in motion so-called ' deep ' layers. An effective transference interpretation embraces several functional spheres of the ego, but also several developmental phases of ego development. The dynamics described recreate the archaic-magic world of the pre-oedipal and oedipal phases. Therefore the interpretations, the words of the analyst, represent also the archaic-magic omnipotence of thoughts, emotions, gestures. A further consequence is the increased openness of the ego boundaries. There is a simultaneous emergence and interlocking of different functional units of the past and of the acute transference situation. At a given moment of the transference process the analyst is identified with part of an archaic parental representation and only this part is subjected to a well organized cathectic process. Other facets of the analyst act at the very same time. They appeal to different parts of the ego, and stimulate the transitory reappearance of complexes that were not directly referred to in the actual interpretation.

This complicated chain of events I would like to call conglomeration of conscious and of split-off ego units and functions. This creates a situation as fragmented (to use Ferenczi's (2) term) as the original infantile traumatic situation was. This interlocking, this conglomeration of part-conflicts in the primary process dynamics, precipitated by the interpretations, maintains the traumatic tension, which Freud considered necessary for the redistribution of available drive energy.

Also, the transitory conglomeration of the thinking process of different developmental stages is enforced by an interpretation. The patient's fantasies about the analyst, his ' logic of the transference ', are brought together with his thought symbolism in reality and also with his thinking at one or several stages of his development. Thus a transitory conglomeration of thought symbolism occurs; mature logical thinking is interlocked with different forms of infantile magic thinking, which may have the colouring of the oral, anal, and other stages. Abstract thought symbolism conglomerates with the magic symbolism of words and gestures. The assumption is, that the enforced, traumatic interlocking of split-off ego fragments and units, a kind of transitory conglomeration, is the precondition for the redistribution of energies, which may lead among other things to sublimation. This interlocking of mature and infantile drive derivatives could explain the fact that ecstatic states as well as schizophrenic episodes may lead, through hallucinations and other pathological phenomena, to sublimations of high social value.

I pointed out elsewhere that we are often able to observe transitory depersonalizations after interpretations which ' click '. I assumed that the trauma of the interpretation caused a transitory disintegration within the ego. I also observed, in psychotic patients, far-reaching changes of the body image, occurring during the analytic process. They were of short duration, and were supposed to represent regression to very archaic preverbal thinking where the main vehicle of rudimentary thought symbolism was the body image and its changes.

I refer to these observations here since they represent relatively rare, though very conspicuous, manifestations of the same processes of transitory disintegration which I tried to demonstrate in the case of this neurotic patient.

States of disintegration occur constantly during normal development, creating possibilities of further integration, or a starting-point for faulty fixations. Play is an example when we are able to observe these phenomena *in statu nascendi*, furthering maturation. The dream is another example of their occurrence, during a period of normal loosening of age-adequate ego-integration. The psychotic episode is a pathological example of similar dynamics.

In a previous paper (11) the assumption was made that the play of children consists of the alternating dynamics of disintegration-integration. Normal development and environment create conflicts which are handled by the ego through play, where the split-off ego parts linked with the actual experiences take over the field of activity. The flooding of the ego with the hitherto split-off parts lends a kind of ecstatic pleasure to the playing child. The play activity of the split-off disintegrated parts enables the ego to accept the content of these parts. The split-off parts temporarily become parts of the conscious integrated ego in a more or less disguised form during the oscillatory process of play. This then gives an opportunity to handle them, to undergo the traumatic experience in a controlled form. Thus play furthers integration through transitory disintegration.

The dream work displays dynamics which are in many respects similar to those of the transference effected by interpretations. Traumata from within and from without force upon the ego, in the particular state of sleep, a confrontation with various complexes and ego units. The ensuing disintegration is then handled by the ' dream work ' of the ego, leading to a transitory, loose, and rather unsatisfactory integration under the ruling of the primary processes.

The degree of disintegration-integration processes in the dream finds its counterpart only in some extreme cases of transference. In these cases, however, we may find, as Freud pointed out, several manifestations of primary process dynamics, hallucination, body-image disturbances, etc. Usually, neurotic patients do not go beyond the manifestations I have described in the present case. Still, for the discerning analytical eye, the conglomeration which follows transference interpretations may often contain all the criteria of what we call primary processes.

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EMPATHY AND ITS VICISSITUDES[1]

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Most experienced psycho-analysts will agree that in order to carry out effective psychotherapy a knowledge of psycho-analytic theory and the intellectual understanding of a patient is not sufficient. In order to help, one has to know a patient differently—emotionally. One cannot truly grasp subtle and complicated feelings of people except by this 'emotional knowing'. It is 'emotional knowing', the experiencing of another's feelings, that is meant by the term empathy. It is a very special mode of perceiving. Particularly for therapy, the capacity for empathy is an essential prerequisite. Although I believe these points are well known it is striking how little psycho-analytic literature exists on the subject of empathy. In their technical papers, Freud (11, 12), Ferenczi (8), Glover (13), Sharpe (23), and Fenichel (6) comment only briefly on this important topic. There seems to be a tendency among analysts either to take empathy for granted or to underestimate it. There also seems to be some antagonism between theory and empathy.[2] The systematic theoreticians have neglected this field and the empathic clinicians write little theory and then unsystematically (Reik (21, 22)). Finally, one frequently hears the phrase that empathy cannot be taught or learned; one either has it or one hasn't. Perhaps all these elements play some role in the relative obscurity of this important chapter.

Before proceeding further, I would like to attempt a preliminary definition of empathy as we use the term in psycho-analysis. To empathize means to share, to experience the feelings of another person. This sharing of feeling is temporary. One partakes of the quality and not the degree of the feelings, the kind and not the quantity. It is primarily a preconscious phenomenon. The main motive of empathy is to achieve an understanding of the patient.

Empathy is to be differentiated from sympathy since it does not contain the element of condolence, agreement, or pity essential for sympathy. There are other vicarious experiences besides empathy, where one participates in the joys and sorrows of another person, for example, as in the theatre; but the aim is quite different. Imitation and mimicry also bear some resemblance to empathy, but they are conscious phenomena and limited to the external behavioural characteristics of a person. Finally, empathy needs to be differentiated from identification, although there seems to be a close relationship between them. Identification is essentially an unconscious and permanent phenomenon, whereas empathy is preconscious and temporary. The aim of identification is to overcome anxiety, guilt, or object loss, while empathy is used for understanding (Olden (19)). Perhaps the relationship between empathy and identification will become clearer later on.

Pathology of Empathy

My attention was drawn to problems of empathy by studying the errors in dosage, timing, and tact of interpretation which I had opportunity to observe in my own work and during supervisory work with psycho-analytic students. The crucial questions in estimating dosage and timing can be formulated as follows: How can I present this insight so as to be sufficiently meaningful and yet not traumatic to the patient? Essentially one has to be able to assess the patient's ego capacities at the given moment and then one has to imagine the effect of the particular interpretation upon the patient's ego structure. It is true that lack of clinical experience may be occasionally responsible for errors in dosage, timing, and tact. However, in my opinion, disturbances of empathy are usually the decisive factor. I have seen beginners who already had considerable skill in this regard; and I have seen analysts of long clinical experience who made repeated errors. I believe one can differentiate between two different types of disturbance in the capacity for empathy.

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[1] Enlarged version of paper read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] An exception to this statement is the recent paper: Schaefer, Roy, 'Generative Empathy in the Treatment Situation', *Psychoanal. Quart.*, 1959, **28**, pp. 342–373, which was published after this paper had been presented.

(i) *Inhibition of Empathy*

There are some students who have repeated difficulty in recognizing the affects and motives, particularly the subtle affects and unconscious motives, of their patients. (This is not only true of students, but in this presentation I shall use the term student to refer to those with difficulties, since most of my *quotable* clinical observations have come from students.) I have found this difficulty to exist in intelligent, astute, and otherwise perceptive people. It is quite typical for such students to be extremely silent and passive in their work with their patients. They seem bent upon collecting more and more data, waiting for additional evidence, before confronting the patient. They remain oblivious despite the clarity of the patient's material. For example, a student related to me how a young woman patient recounted, for the first time in her analysis, how she succumbed to the temptation to masturbate. Then the patient fell silent. The student went on to describe her behaviour on the couch in such a way that I could visualize the patient's feeling of embarrassment and shame; yet the student had no idea about what was going on. He waited silently, looking for more verbal material and further clues, trying to remember her previous dreams, etc. The patient talked trivia the rest of that hour and for several hours thereafter, yet the student who was bright and conversant with psycho-analytic theory was completely in the dark. He had failed to recognize that the patient had *confessed* something to him in the previous hour and therefore overlooked the obvious connexion between the masturbation and the ensuing silence. He missed her shame reaction because at that particular time and on that subject he was unable to feel along with the patient, to empathize with her.

I have observed students give very painful interpretations to patients early in the analysis and then be surprised when the patient seemed traumatized. They could answer correctly in a seminar if asked ' How will the patient react if one gives an excessively painful interpretation?' Clinically, however, they fell into this error because they were unable to feel along with the patient. They did not anticipate via empathy what repercussions the painful insight would have.

Such inhibitions in the capacity to empathize with the patient may be transient or chronic, generalized or localized. They may occur in students during a particular phase of their own analysis and be a result of some temporary neurotic disturbance within them. The transient and localized inhibitions of empathy have a good prognosis, whereas the chronic and generalized inhibitions have a poor prognosis. The latter type is frequently found in those who have a chronically precarious mental equilibrium, or with a deep mistrust of their feelings, impulses, and their unconscious. These people often prove to be rigid, severe compulsive-obsessives, or else schizoid personalities struggling to maintain their hold on reality.

(ii) *Loss of Control of Empathy*

In doing supervisory work and also in a retrospective examination of my own work I have often come upon another type of disorder in the capacity to empathize. In such situations the therapist begins by being able to empathize with his patient, but this empathy does *not* lead to understanding and then to the proper confrontation of the patient. Some other reaction intervenes, and the understanding is either blocked or is misused, or only takes place after a detour. Let me give an example.

A student was analysing a difficult patient and in the course of an analytic session detected that the patient was hinting to him about some sexually provocative behaviour she had indulged in, in regard to her child. The patient did not overtly relate this, nor did she completely evade it; she hinted about it, testing the student's reaction. The student readily picked up this rather subtle behaviour because he was in good empathic contact with the patient. The patient suddenly changed her mode of talking and directly asked the student whether it was harmful to a child when a mother expressed sexual feelings towards her son. The student, instead of dealing with the meaning of this question, impulsively answered the patient. He assured her that a parent's sexual feelings towards a child were natural and even good for a child. When the student reported this clinical experience to me, I noticed that he was ill at ease and upset. When I questioned the correctness of his procedure he readily admitted that he was puzzled by his own behaviour and could not understand why he did this. I did not attempt to explain his error, but only indicated that this might be brought up in his own analysis. A week later he voluntarily told me that he now understood his actions. Apparently he had acted out with his patient the role he wished his own analyst would take with him, namely to absolve him of his guilt for sexual impulses and feelings he had towards his own child. In this instance, empathy led not to understanding but to a counter-transference reaction.

There are many other examples which come to mind as illustrations of the loss of control of empathy. Perhaps the most typical situations are those in which the young analyst picks up the sexual or hostile undercurrent of feelings in his patient via empathy and then permits himself to prolong his reaction to the patient, which then interferes with his capacity for objectivity and understanding. Or the student detects some subtle resistance in the patient but sympathetically identifies with the resistance instead of demonstrating it to the patient.

It should be mentioned that one often sees combinations of both types of disturbances in the capacity to empathize.

Preliminary Formulations

On the basis of the clinical material sketched and indicated above, I believe we can now attempt some preliminary formulations about the function of the capacity to empathize.

(i) Since to empathize means to share, to participate partially and temporarily, it means that the therapist must become involved in the emotional experiences of the patient. This implies a split and a shift in the ego functioning of the analyst. In this process, it is necessary for the analyst to oscillate from observer to participant and back to observer (Sterba (23)). Actually, the role of observer is shorthand for designating the different functions of analysing, i.e. observing, remembering, judging, thinking, etc.

(ii) The inhibited empathizer is afraid to get involved with the patient. He is unconsciously unwilling to leave the isolation of the position of the uninvolved observer. He is able to think, remember, observe, but he is afraid to feel the affects, impulses, or sensations of the patient and he therefore misses all the subtle, non-verbal communications and their meanings.

(iii) The uncontrolled empathizers do participate in the emotional experiences of their patients, but tend to become too intensely involved and therefore cannot readily become uninvolved. They make the transition from observer to participant but run into difficulties regaining the position of observer or analyser. They tend to identify or act out or have strong instinctual reactions, all of which interfere with their ability to observe and to analyse.

(iv) The aim of empathy in psycho-analysis is to understand the patient. When the patient becomes an object mobilizing strong sexual feelings or aggression or guilt or anxiety, the patient has probably become a transference figure for the therapist. The therapists in group (i) are afraid of their counter-transference and inhibit their reactions. The ‘ uncontrolled ’ therapists give in to and act upon their counter-transference reactions instead of using them for the analytical work (3).

(v) The wish to understand is a derivative of oral introjective aims, skin eroticism, anal mastery, sexual curiosity, and scoptophilic impulses and drives (Fenichel (7)). Under ideal conditions the ability to understand is a neutralized, autonomous ego function (Hartmann (15)). In the examples given above, the wish to understand has been reinvaded by its genetic predecessors. The inhibited behaviour in the one group and the uncontrolled behaviour in the other would indicate that a reinstinctualization has occurred. Understanding by empathy has become an instinctual temptation which is either a danger to be avoided or a pleasure to be enjoyed. In either case the capacity for empathy will be disturbed.

(vi) It seems that it is essential for the development of the optimum capacity for empathy that the therapist be able to become both detached and involved—the observer and the participant—objective and subjective—in regard to his patient. Above all, the therapist must be able to permit transitions and oscillations between these two sets of positions. Freud (12) described the suspended, even-hovering attention and listening which is preferable and necessary for the analyst. This implies the partaking of both detached and involved positions and oscillations between them. Only from the evenly suspended position can one readily shift from observer to participant and back. Ordinarily, this occurs automatically and preconsciously, but these shifts can be consciously initiated and interrupted. Ferenczi (8), Sharpe (22), Reik (21), and Fliess (9) also have described the need to oscillate between observation and introspection.

Psychology of Empathy

All the foregoing is mainly a description of some of the more obvious findings in disorders of empathy, and I would now like to attempt to probe a little deeper into the phenomenon of empathy—in the therapist. I should like to use a clinical example to illustrate some of the points I want to make, but it is not easy to find an appropriate one. I shall have to use myself as the example, because in my experience I have only been able to study empathy in a very fragmentary way in others since the pursuit of this subject led in a direction contrary to my therapeutic task with my patients. No matter what example I may choose, there is some amount of distortion, because essentially the process of empathy is an automatic process and one observes it only in retrospect. Furthermore, in order to clarify the various events one has to magnify the intervals and separate steps in an occurrence in which much seems to happen very rapidly and perhaps simultaneously. Finally, the best examples of empathy and the clearest occur where there is some difficulty in the empathy. In using the approach I have chosen, two questions immediately come to the fore: Is this state of affairs true for all analysts? Is this state of affairs valid for empathy in general or only for empathy in psycho-analytic work?

The clinical example I have chosen is a relatively simple and innocuous situation:

I had been treating a woman for several years and usually with good empathic understanding. In one hour she recounted the events of a weekend and focused in particular on a Saturday night party. Suddenly she began to cry. I was puzzled. I was not ' with it '—the crying left me cold—I couldn't understand it. I realized that I had been partially distracted by something she had said. At the party she mentioned a certain analyst and I had become sidetracked, wondering why he was present. Quickly reviewing the events she had recounted, I found no clues. I then shifted from listening from the ' outside ' to participant listening. I went to the party as if I were the patient. Now something clicked—an ' aha ' experience. A fleeting event told to me as the outsider had eluded me; now in my empathy this event illuminated the crying. At the party a woman had graciously served the patient with a copious portion of food. To me as the observer, this event was meaningless. But to me as the experiencer, this woman instantly stirred up the picture of the patient's good-hearted and big-breasted nursemaid. The 'aha' I experienced was my sudden recognition of this previously anonymous figure. Now I shifted back to the position of observer and analyser. Yes, the longing for the old nursemaid had come up in the last hour. In the meantime the patient herself had begun to talk of the nursemaid. My empathic discovery seemed to be valid. When the analyst's association precedes and coincides with the patient's, it confirms that the analyst is on the right track.

The Sequence of Events

(i) Listening, observing, thinking about the patient's material was insufficient. There was the recognition of not being in good emotional, non-verbal contact—feeling ' out of it '. She cried and I was puzzled.

(ii) I shifted—from listening and observing from the outside to listening and feeling from the inside. I permitted part of myself to become the patient.

(iii) As I had worked with this patient day by day, I had slowly built up within me a working model of the patient. This consisted of her physical appearance, her affects, her life experiences, her modes of behaviour, her attitudes, defences, values, fantasies, etc. This working model was a counterpart or replica of the patient that I had built up and added to from my new observations and insights. It is this working model which I now shifted into the foreground of my listening. I listened through this model.

More precisely: I listened to the patient's words and transformed her words into pictures and feelings from *her* memories and *her* experiences and in accordance with her ways. To put it another way: The events, words, and actions the patient described were now permitted to permeate the working model. The model reacted with feelings, ideas, memories, associations, etc. In the above example, the working model of the patient produced the significant association to the nursemaid.

(iv) By shifting the working model of the patient into the foreground, the rest of me was relatively de-emphasized and isolated. Only those personal experiences and reactions of mine similar to the patient's remained near the model or might be used to fill out the working model. All that is peculiarly or uniquely me was shifted into the background.

(v) If the empathy is successful I shall feel in emotional contact with the patient and the patient's communications will be likely to stir up some kind of an ' aha ' experience. I use the term ' aha ' experience to epitomize that involuntary and pleasant sensation of suddenly grasping and understanding something hitherto obscure. (Sometimes in listening to patients one also has ‘ oi weh ’ or ‘ ach ’ experiences.)

(vi) The ‘ aha ’ experience indicates that an association in the working model has alerted my analysing ego, which had been relatively distant from the proceedings. This analysing ego may now come to the fore and attempt to formulate the meaning of the goings-on in the model.

(vii) The analysing ego may now be used to determine the desirability of making some communication to the patient by testing out the proposed intervention on the working model. Again there is the shift and oscillation between observer and participant. The reactions within the working model will determine the dosage, timing, and tact of interpretation.

Usually all this happens automatically, preconsciously, and quickly. The steps do not go in a straight sequence, but there are oscillations and variations and simultaneous occurrences.

Some Qualifying Additions

(i) The working model of the patient within me is not merely a replica of the patient. If that were so, the model would have the same resistances as the patient and would not supply me with clues. The model has resistances and defences similar in quality but less in degree. It is close enough not to distort, but different enough to be of help.

Clinical Note: For proper empathy it is necessary to forget and re-repress *almost* as the patient does. Reading and memorizing notes about the patient interferes with empathy. Data gathered from external sources also create the same kind of obstacle.

(ii) The working model is not identical with the patient in that the model also contains our expectations and anticipations of the patient's potentials (4). We listen to the way the patient reacts with the inner awareness of alternative reactions the patient might have had—often an ‘ Oi ’ experience. These potentials of the patient influence the interpretations and change during the course of psycho-analysis.

(iii) The working model also contains insights and interpretations which have not yet been given but are close to the patient's consciousness. Our theoretical knowledge and past clinical experiences are also lightly sketched into the model.

(iv) Thus the working model consists of:

(*a*) All I know of the patient: experiences, modes of behaviour, memories, fantasies, resistances, defences, dreams, associations, etc. All this is the skeleton and basic structure.
(*b*) I diminish the quantity of resistance.
(*c*) I add my conception of his potentials.
(*d*) I add my theoretical knowledge and clinical experience.
(*e*) In addition all my experiences with similar kinds of people and situations—real or fantasied.

All these additions fill out the model and give it a three-deminsional form. My unique experiences are isolated—for emergency use only. It is important to differentiate what is the patient, what is the model, what is me.

(v) Empathy is to some extent a two-way relationship (Bond (1)). One's capacity for empathy can be influenced by the other person's resistance or readiness for empathic understanding. There are patients who consciously and unconsciously want to remain ununderstood; they dread being understood. For them to be understood may mean to be destroyed, devoured, unmasked, etc. The analyst's attempts at empathy leave the analyst frustrated and the patient untouched. In one such case I was surprised to find myself refusing to try to empathize; I was annoyed. When I recognized this it occurred to me that perhaps the patient preconsciously wanted this. She wanted to remain ununderstood—mainly to hide a secret so terrible, she thought its revelation would cause me to throw her out. My interpretation led to confirmatory material.

Patients eager for empathic understanding increase the empathy in the therapist. Also, patients pick up the analyst's lack of empathy. I have seen this kind of reaction between speakers and listeners, actor and audience, artists and audience (Tidd (24)). This is also to be seen in candidates being supervised or in presenting cases: The fear to be understood, i.e. revealed, in the candidate may cause the supervisor difficulty in empathizing.

(vi) There are special problems of empathy in supervisory work, since it is necessary to empathize with the candidate as well as his patient. Actually, in doing psycho-analytic therapy one not only empathizes with the patient, but one needs to do so with the other significant persons in the patient's life; only in this way can one form some perspective and be able to evaluate the patient's behaviour.

(vii) One begins to empathize with the patient as soon as one goes to open the door, even before seeing him. This might explain the special preoccupied look of the analyst which many patients notice. The patient may believe the analyst is preoccupied with other patients, whereas actually he is partly preoccupied with the working model of the present patient. The analyst is looking then at both the patient and the working model. This might also explain the special startle reaction which happens to analysts when they find the wrong patient in the waiting room. It is more than the astonishment at the unexpected; there is something disorienting about it, due I believe to the cathexis of the internal working model.

Some Metapsychological Considerations

(i) Empathy, as we use it in analytic work, requires the capacity for controlled and reversible regressions in ego functions. The primitivization and progression of the ego in the building of the working model bears a marked resemblance to the creative experience of the artist as formulated by Kris (17).

(ii) The conception of a working model of the patient implies a special kind of internal object representative. It is an internal representation which is not merged with the self and yet is not alien to the self (14). By cathecting the working model as a supplement to the external patient one approaches the identificatory processes. Empathy may be a forerunner, an early, tentative form of identification (Fenichel (5), Goldberg (14), Ekstein (2)).

The capacity to empathize seems dependent on one's ability to modulate the cathexis of one's self-image. The temporary de-cathexis of one's self-image which is necessary for empathy will be readily undertaken only by those who are secure in their sense of identity. Analysts with too restricted an identity or with amorphous or multiple identities will probably be inhibited or unreliable empathizers (cf. Erikson (4)).

(iii) Empathy begins in non-verbal, skin, touching, intonational relationship of mother and child (Katan (16), Olden (18)). The mother shares the child's experiences by feel or touch, and at a distance by visual and auditory signs. The child learns to recognize and share the mother's feelings by primitive perceptions where perception and mimicry are very close to each other (Fenichel (7)). Less verbal mothers are more prone to empathize; loving mothers too.

(iv) One might express these clinical ideas in terms of ego psychology, i.e. neutralization and conflict-free, autonomous ego functions (Hartmann (15)).

Some Remaining Questions

(i) Is the hypothesis on the formation of the internal working model the only means of explaining empathy? Fliess' (9) ideas about transient identifications pursue another line of thought.

(ii) Empathy and intuition are related. Both are special methods of gaining quick and deep understanding. One empathizes to reach feelings; one uses intuition to get ideas. Empathy is to affects and impulses what intuition is to thinking. Empathy often leads to intuition. The ' aha ' reaction is intuited. You arrive at the feelings and pictures via empathy, but intuition sets off the signal in the analytic ego that you have hit it. Intuition picks up the clues that empathy gathers. Empathy is essentially a function of the experiencing ego, whereas intuition comes from the analysing ego. Yet there are antitheses between the two. Empathic people are not always intuitive and intuitive people are often unreliable empathizers. Intuitive people may use intuition to avoid empathy, i.e. involvement. It is less emotionally demanding. Intuition may warn you *not* to empathize.

Both intuition and empathy give one a talent for psychotherapy; the best therapists seem to have both. Empathy is the more basic requirement; intuition is an extra bonus.

(iii) Is empathy teachable? One can remove inhibition and misuse of empathy—the disorder may be cured—but the *capacity* for empathy cannot be taught. If it is available one can be taught how to use it properly.

(iv) Since empathy originates in the early mother-child non-verbal communications, it has a definite feminine cast (A. Katan (16)). For men to be empathic they must have come to peace with their motherly component.

(v) Empathy and depression. One empathizes to re-establish contact—with an elusive object. One resorts to empathy when more sophisticated means of contact have failed and when one *wants* to regain contact with a lost object. To not understand is a form of losing or rejecting an object. One makes a model—an internal object—an introject of sorts. This is in accordance with Freud's view on the process of grief and mourning in regard to the lost love object (10). This formulation is also similar to Rapaport's ideas on hallucinatory wish-fulfilment by cathecting memory traces of lost need-satisfying objects (20).

For the empathizer, the ununderstood patient is a kind of a lost, need-fulfilling love object. Empathy, then, may be an attempt at restitution for the loss of contact and communication. In line with this formulation, I have the impression that people with a tendency to depression make the best empathizers.

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VALUE JUDGEMENTS IN PSYCHO-ANALYSIS[1]

By

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In comparatively recent times the concept of value has undergone a profound change of considerable interest especially to psycho-analysts. In earlier philosophy, and also in some modern schools of thought, value is an absolute quality pertaining to the object and independent of the subject; the expression 'a thing of beauty' is taken literally, acts *are* good or evil in a metaphysical sense, and so on. The statement 'This picture is beautiful' can be either true or false according to this theory, and is thus in principle amenable to scientific examination. The objective theory of values, which has been defended by such modern thinkers as G. E. Moore, was in the 19th century challenged by Nietzsche and others, who propounded the theory of relativism, which states that value is subjective and dependent upon the state of mind of the person who values. This theory has become very popular among psychologists, but it does not seem to cover the facts in their entirety. The so-called emotive theory of values asserts that value judgements are no judgements at all, being neither true nor false, and to the philosopher signifying nothing. They are instead emotive propositions of an imperative or interjectory character, a way of giving vent to our feelings or of influencing people. If you say that X is a jolly good fellow, you may have that feeling, eventually shared by others, but which somebody certainly will deny. You may also be expressing your opinion that people ought to be like X, that is, if you mean anything at all and aren't simply joining in a song.

If the emotive theory is correct, value judgements cannot be used as a basis of pure science, but may nevertheless play a fundamental role in every applied science. In so far as psycho-analysis can be regarded as a pure and objective science, value judgements must then be strictly avoided, but in practical work they seem to be inevitable. The problem to be discussed in this paper is, whether most analysts are aware of the overwhelming importance of value judgements in therapeutic work and in theory formation. Such judgements often seem to be taken for granted and more or less unconsciously accepted, a fact of considerable interest and scientific relevance.

Of Freud Jones has aptly said that his mode of thinking was a mixture of scepticism and credulity. Freud was sceptical as regards all philosophies in the time-hallowed sense of the word, in German called Weltanschauungen, literally 'ways of looking at the world', with their strong accent on value concepts, but Jones has shown with a wealth of examples that Freud often expressed value judgements in no uncertain manner and even had a sort of Weltanschauung himself, though very heterogeneous and with a strong tinge of ambivalence. Reared in the liberal, humanitarian, rationalist, and positivist atmosphere of the late 19th century, he gradually became one of the most influential forerunners of the irrationalist, pessimistic philosophies which were to supersede the former naïve optimism. To a historian with a sufficiently broad outlook it ought to be a highly stimulating task to trace in detail the influence of contemporary value systems on Freud and how divergent trends in his Weltanschauung have influenced analysts and become the kernels of deviating schools. It seems to to me evident that such emotionally loaded divergences of value judgements have been and still are one of the most important causes of the deplorable splits in the history of psycho-analysis. The socialism of Adler, the religious and occultist bias of Jung, not to speak of similar tendencies among the lesser prophets, are well-known examples of the fateful impact of ideology upon psycho-analysis. Those of us who have lived through the roaring twenties will remember the quasi-religious period of the so-called psycho-analytic movement, richly illustrated by the eponymous periodical *Die psychoanalytische Bewegung*, which made of Freud's teachings a saving creed, inaugurating a new millennium. The promises were rash and not at all fulfilled, but their propaganda value was enormous, giving psycho-analysis an immense number of mindless supporters with wildly fantastic beliefs, especially on the subject of the bringing up of children.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

A full discussion of my theme would fill a large volume, and the interesting problem of the psycho-analysis of analytical value judgements must be completely left out. I shall restrict myself to the presentation of a few examples and a short discourse on their practical importance.

Psycho-analysis is historically descended from medicine, thus sharing the firmly established value judgements of the ancient art of healing. The goal of therapy is to abolish or at least to alleviate suffering and to postpone death. One of the chief discoveries of Freud was, however, that suffering can have a positive value as a means of solving an unendurable conflict and as a stimulus to cultural productivity. Psychologically determined suffering is the wearisome condition of humanity, engendered by conflict and giving birth to civilization, and this maxim holds true for the individual as well as for society. It cannot then be regarded as an unqualified evil, and the analyst has the difficult and sometimes thankless task of distinguishing between the positive and negative value of symptoms in relation to the patient's total life situation. In dealing with this problem he must cross the borderlines of religion, ethics, and politics. Of course medicine has always been infringing on these territories, but this point of view has become increasingly foreign to modern therapists with their trend to extreme specialization and disregard of subtle distinctions.

It is significant that the word neurosis has assumed a derogatory note and is freely used as an invective, even among analysts, who ought to know better. While in former times mentally deranged people were considered sacred or at least possessed by the devil, a mark of distinction after all—while genius always has been regarded as a sort of holy madness, a new system of values is now developing, giving the prize to the latter day saints, who are free from neurosis and analysed through and through. Such bigoted evaluations certainly do not reflect the spirit of Freud, but they tend to become part of the jargon of psycho-analysis. They are a reflection of vulgar prejudice but also a symptom of a one-sided medical point of view. Freud warned against the 'furor therapeuticus', wishing to emancipate the science of psycho-analysis from the values of medicine. The desire to cure is not always compatible with the search for scientific truth, which seems to have occupied the highest rank in Freud's scale of values.

The advocates of so-called insight therapy have tried to show that scientific insight into the mechanisms of mental disease has a curative effect in itself, but this is certainly an exaggerated claim. Moreover, the scientific analyst must admit that the wish to cure and help the patient inevitably distorts the field of vision, being a symptom of countertransference. We have here a parallel to the famous uncertainty principle of Heisenberg, which states that the observation of subatomic processes is disturbed by the instruments of investigation.

Can the therapeutic element ever be eliminated from analytic work? I do not think so. The patient makes certain demands upon the analyst—in most cases he is paying a lot of money in order to be cured. He may have a limited scientific interest in the proceedings, but he certainly does not want to be an object of research pure and simple. He will always harbour a fond hope that the analyst wants to help him, and who will call that an unreasonable prejudice? 'Know thyself' is the analyst's maxim, but patients have a decided aversion to following this precept, and would rather pay to avoid seeing themselves as others see them. This is called resistance, and has to be overcome, but nevertheless it is not our foremost job to find out what makes the patient tick but to give him what he considers value for his money, i.e. treatment.

One situation might be held to be a model of unbiased scientific exploration, namely the training analysis. In a short paper, read at the London psycho-analytic congress, I have tried to show that this is no exception to the rule, because the candidate in training has a strong desire to succeed in his efforts and to be accepted by the analyst.

It might be argued that Freud was not obsessed by the *furor therapeuticus*, but then he called himself a bad therapist, and there may be a causal connexion between these facts, taking them at their face value. Analysts with a strictly scientific, impersonal turn of mind may exist, but their capacity to effect a cure must be apt to be less than average, and they will find it difficult to make a living except as employees of an institution.

Now the word cure and its synonyms have of course a much more extended significance among analysts than in ordinary medical practice and theory. We want to make our patients healthy and wealthy, if possible, but also, in a restricted sense of the word, wise. This last-named, imponderable quality has been the object of much discussion. It is often identified with happiness, harmony, adaptation, efficiency and so on, a wide and incoherent spectrum of values. A happy man may be very inefficient and asocial, and many of the benefactors of mankind have been unhappy and maladjusted. The ill and disabled may sometimes enjoy a state of happiness and well-being which no analysis can furnish. Worst of all, people of all ages, whom we admire and revere, have not tried to evade suffering, they have desired and embraced it; they were, to use a much abused and now almost indefinable analytic term, masochists. And our religion, to which many analysts still pay at least lip service, declares outright that the pursuit and acceptance of suffering is a cardinal virtue. This is indeed an awkward dilemma, which most of us prefer to relegate to oblivion. The official view gives to masochism a negative value, but there is surely more than one way of looking at the matter. A late member of my society once wrote a book entitled: 'Is agressiveness an evil?', but we are still waiting for a similar treatment of the problem of masochism.

Again it may be remarked that Freud did not regard neurotic and perverse traits in terms of good and evil. When he roused a storm of indignation by calling children perverse, he did not of course intend to say something depreciatory. This lofty attitude has, however, not always been emulated by his followers, they may be conscious of it or not.

Enough has been said of the therapeutical bias and its consequences: the distortion of the field of observation and the depreciatory attitude against so-called symptoms. Freud's distrust of *furor therapeuticus* was certainly justified. Another obsession which has played a considerable role in the history of psycho-analysis is the *furor prophylacticus*, that sometimes degenerates into a *furor politicus*. Freud followed that track to the bitter end, pessimism. A real mental hygiene is certainly a big order. First of all we must have an entirely new social and political system, an unknown and unknowable Utopia, and then perhaps a new set of religious and ethical ideas too. Fans and faddists have of course risen to the occasion, but have soon discovered that analysts are sceptical people, who do not believe in panaceas. Nevertheless it pertains to human nature to cherish a forlorn hope, and it is difficult or impossible to dispense with illusions; even analysts are not exempt from that weakness. The really desperate and incurable cases are however found among the wild analysts, while the disease runs a more insidious course in analytical circles. Utopian dreams are frowned on, and conservative values are embraced, symbolized by slogans such as adaptation and adjustment. It has often been remarked that these words are dangerous, because they imply a tacit acceptance of existing conditions and value judgements. Most of us are certainly not that conservative, but some may find it the safest course to hide their opinions, which it may be dangerous to utter in authoritarian societies. The effects of such a political conformity were clearly and definitively demonstrated in Nazi Germany, but it would be unwise to neglect or minimize the mild and relatively invisible pressure in democratic states. Every government is a repressive force, and so is every social group. Internal conflict is the corollary of human society. Now the analyst can take sides with the individual against society or members of it, and he often does so indeed, accepting the slogan that the customer is always right. Joking apart, psycho-analysis may be client-centred, family-centred, society-centred and so on, according to circumstances and to the value judgements of the analyst, and it seems to me that my colleagues often tend to favour the patient and neglect the outsiders. There is in some analysts an anarchist trend, revolting against all forms of authority, which are regarded as the root of evil, i.e. neurosis.

Anarchist values may sometimes be discerned in the creed of self-realization, a high-sounding word with a vague meaning and always implying value judgements. Like Polonius, the astute Danish psychologist, one asks the patient to be true to his own self, assuming that he cannot then be false to any man, a very daring supposition indeed and not supported by observed facts. The underlying theory must be, either that the self is entirely unselfish, or that the self always has the right of way, if it is strong enough.

These suppositions can be translated into the language of orthodox metapsychology, though they will take on slightly different shades of meaning. The ego is of course not the same as the self, and unfortunately every author seems to have his own set of connotations. The ego is the arbiter, the master of the house, whose task is to integrate and reconcile the conflicting tendencies and instincts, but to what end? Here again there are diverse opinions and value judgements, but there is fairly general agreement on one point: the ego must not side with egotism. Narcissism is very definitely *mauvais goût*, a strong and healthy ego does not love the ego; may we perhaps surmise that it is a little fond of itself? Love is chiefly to be reserved for my neighbour, and to the old question: 'Who is my neighbour?' Freud gives the answer of the publican: 'Those who love me'. 'My love seems to me a valuable thing, which I have no right to throw away without reflection', he says. Well, there are other analysts who are not so thrifty, but very few would ask us to love our enemies. Love is certainly a prime value to analysts, but there are many gradations. Those who think of love as nothing but aim-inhibited libido or as a reaction-formation against hate cannot feel more than a tempered admiration for the sentiment, which has been and still is the subject of countless eulogies. The same lack of enthusiasm can be deduced from an analyst's definition of his goal as the uncovering of altruistic interpersonal attitudes. The positive evaluation is, however, common to all. Unfortunately not every analyst seems to be able to distinguish between altruistic and egocentric love, a point that was nicely made some 2000 years ago by heathen and Christian psychologists and calls for different value judgements.

If the ego is the hero of the intrapsychic drama, the id bears a strong resemblance to the villain, being an asocial or antisocial force, that is to be vanquished and kept under surveillance. But the positive values must not be overlooked, the id being in fact a modern replica of our old friend Mephisto, a malevolent power working for good. The id is in fact the prime mover of the organism and must be handled with care. The same ambivalence can be observed in the differing evaluations of the superego, which is sometimes the indispensable regulator of the psyche, at other times an evil force, more dangerous than the id, a notion that is carried to the extreme by Bergler, though other analysts too have called for the total destruction of the superego with a Catonic insistence.

Such different evaluations of ego, id, and superego could in fact be used as an excellent basis of subdivision of varying schools of psycho-analysis. The system would have practical advantages, but it has of course nothing at all to do with scientific thinking, it smacks instead of religious sectarianism. There are for instance two major trends in religion, one dualistic, reckoning with good and evil powers, the other monistic, believing that 'all is love'. The dualistic tendency of Freud is too well known to need illustration; it reaches its climax in the philosophical theory of the instincts of life and death, foreshadowed not only by Empedocles but by the ancient teachings of India. The psychological monists either believe that man is downright bad, or favour the optimistic creed that man's nature is essentially good, and that the millennium can be achieved by trifling changes in our system of infant care.

Ethical value judgements are of course implicit in the term 'sublimation'. The analytic treatment of the problem of guilt is more intriguing. Some analysts express themselves as if guilt feelings were always a neurotic phenomenon and should be eradicated, and the layman very often believes that this is the orthodox point of view. The common-sense view, with which I agree, is to regard the capacity of feeling guilt as an inherent and normal trait, and people who have no sense of guilt are called psychopaths or something worse. Much of the resistance against psycho-analysis stems from the misconception that analysts strive to make psychopaths out of their patients. There is a well-known analytic explanation of this belief, but we must not overlook the ethical implications. Every code of ethics will give rise to guilt feelings when we are trespassing against the rules. Rules are necessary, ergo guilt is inevitable. The analyst has to decide whether the guilt feelings are pathological or not, which cannot be done without a system of values, consciously or unconsciously accepted.

We have seen that the theory and practice of psycho-analysis are strongly tinged, not to say tainted, with value judgements which are completely unscientific. What is more, this is inevitable, as in every applied science. Values are the motive force behind our investigations and our therapy, and they determine the direction of our efforts. Value judgements can be subjected to analysis, but they also exist in their own right. In psychological matters we are seldom neutral, we have our likes and dislikes, and a common way of expressing them is in the form of value judgements. We often believe these judgements to be absolute, we confer upon them a metaphysical and transcendent character, though we may not admit it when questioned. Whether such absolute values exist, I will not discuss—in my opinion they do, and in any case we always act as if they did exist. But to return to the other assertions—what are the practical consequences?

Psycho-analysis can be likened to a tool or a weapon, it can be used to further different ends. We are not in the relatively comfortable position of the common doctor, we are faced by more than one dilemma. Research and therapy are not always compatible, and we are more or less forced to give preference to therapy. And then, what is the goal of therapy? There has been much discussion on the subject, and opinions are conflicting. It all depends on what we like people to be, on custom and usage, which is the original meaning of the word ethics, on political and religious views, on Weltanschauung. Psycho-analytic technique can also be utilized to alter the opinions of people, to make them buy certain things or accept a certain form of government; democracy, communism or what not, the choice is yours. Some analysts pretend that their theories could be the overthrow of Communism, and I would fain believe them, but the Communists might put it the other way. The heart of the matter is that we cannot be neutral in any way, and the sooner we accept the fact the better.

We analysts have often been accused of corrupting the morals of society, which is, I think, an excessive valuation of our importance. There is, however, no smoke without fire, and some aberrant and vociferous analysts have, like Nietzsche, preached a revaluation of all values, which *may* have had a profound influence on public opinion. There is also a common tendency, in the name of science, to eschew all value judgements, but as practitioners we cannot do that.

We cannot be neutral in our daily work as therapists; the research on countertransference has shown that this attitude is virtually impossible to maintain. We have accepted the maxim of the Gospels: 'Judge not', and I do not want to contest it, but we are all fallible human beings, who cannot conceal our idiosyncrasies. And then, are our value judgements to be regarded as idiosyncrasies only? Do they not form the backbone of our existence and our vocation?

Many analysts unwittingly assume that their value judgements are shared by all decent people, including the patients. In our time, when values are in a state of flux, this is a hazardous assumption. Some patients, indeed, seem to be blissfully unaware of all moral problems or most of them, and shall we let them have their way? With Freud ethics was something self-evident, but times have changed. Some people regard ethics and other values as outmoded superstitions, other simply conform because they are afraid, they have no values of their own. The flabby, weak-minded type seems to be on the increase and presents a serious problem to the analyst as well as to society. New methods of therapy may be indicated, putting more stress on guidance and reeducation. We must not regress to primitive methods of suggestion and persuasion, but we have to realize that psycho-analytic therapy has always been directive, and that the directing force is the personality of the therapist and his set of value judgements. More attention must be paid to this factor in training analysis and during supervision. Last but not least, the so-called spiritual values have to be treated more respectfully and the 'nothing-but' attitude subjected to rigorous analysis. To neglect or deny the hierarchy of values is of course the more easy-going way, but it seems to me like fiddling while Rome burns. It is a trite statement that value judgements are neither true nor false in the scientific sense of the word, but truth is a word of many meanings. We talk of religious, ethical, and aesthetic truths, and it would be foolhardy to dismiss them all as illusions or mere opinions. There is certainly no way of proving the sublime truths of the Sermon on the Mount, which may be utter nonsense to many people, or the ravishing beauty of the music of Mozart, which is revealed only to a minority, but to some of us these are statements of the utmost importance, far more true than any psychological theory. If science cannot deal with values, so much the worse for science. In every form of psychotherapy they are as indispensable as the compass to the sailor.

CLINICAL ASPECTS OF THE SCHIZOID PERSONALITY: AFFECTS AND TECHNIQUE[1]

By

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The history of psycho-analysis is the sum-total of the complex and circular interplay of three factors: (*a*) the changing clinical picture of our patients; (*b*) the growing conceptual knowledge which we call metapsychology; and (*c*) the analytic process which is regulated by the analytic technique (cf. Kris (16)).

In this paper I shall try to discuss a new type of patient that has come into prominence in the last two decades, with the aim of asking whether, if we apply the recent researches into infant-care techniques and the hypotheses about the early stages of ego-id differentiation, we cannot perhaps fruitfully study a particular sort of clinical task that this type of patient sets us in the analytic situation.

Historically speaking this type of patient has gradually articulated himself into clinical focus from the diffuse mass of syndromes that were and are designated by the term ' borderline cases ' (cf. Leo Stone (23), Stern (22)). It is important, however, even at the risk of a certain amount of artificiality, to isolate this new type of case and give it the clinical status of existing in its own right and setting us tasks just as specific as the hysterias, obsessional neuroses, affective disorders, and character-cases have done earlier on.

In our literature the first cogent statement about the mental processes of this type of case is by Fairbairn in his paper ' Schizoid Factors in the Personality ' (4). Though it is basically the definition of the schizoid processes with which Fairbairn is concerned, in many respects his sensitive delineation of the theme deserves our attention here. Fairbairn stated: ' (i) . . . schizoid conditions constitute the most deep-seated of all psycho-pathological states. . . . (ii) The therapeutic analysis of the schizoid provides an opportunity for the study of the widest range of psycho-pathological processes in a single individual; for in such cases it is usual for the final state to be reached only after all available methods of defending the personality have been exploited. (iii) Contrary to common belief, schizoid individuals who have not regressed too far are capable of greater psychological insight than any other class of person, normal or abnormal. (iv) Again contrary to common belief, schizoid individuals show themselves capable of transference to a remarkable degree, and present unexpectedly favourable therapeutic possibilities ' (p. 3). Fairbairn noted the fact that psycho-neurotic symptoms were compatible with this condition. He went on to show the presence and importance of depersonalization, derealization, disturbances of reality-sense, e.g. feelings of artificiality, experiences such as the ' plate-glass feeling ', feelings of unfamiliarity with familiar persons or environmental settings and feelings of familiarity with the unfamiliar ones; *déjà vu* also features significantly in their experience. In their social extension of behaviour such persons become fanatics, agitators, criminals, revolutionaries, etc. Fairbairn singled out three prominent characteristics of individuals in the schizoid category: (i) an attitude of omnipotence; (ii) an attitude of isolation and detachment; (iii) a preoccupation with inner reality (p. 6).

To Fairbairn's way of thinking, ' everybody without exception must be regarded as schizoid ' (p. 7). The fundamental schizoid phenomenon is the presence of splits in the ego (p. 8). Since there is a very close connexion, for Fairbairn, between a splitting of the ego and a libidinal attitude of oral incorporation, a fixation in the early oral phase plays a prominent part in determining the pattern of schizoid attitudes, and, in particular, promotes the schizoid tendency to treat other persons as less than persons with an inherent value of their own. This is a regressive phenomenon determined ' by unsatisfactory emotional relationship with their parents, and particularly with their mothers . . . the type of mother who is specially prone to provoke such a regression is the mother who fails to convince her child by spontaneous and genuine expressions of affection that she herself loves him as a person. Both possessive mothers and indifferent mothers fall in this category. . . .' (p. 13). Fairbairn describes this process as the '*depersonalization of the object and de-emotionalization of the object-relationship.*'

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, July 1959.

Other valuable features of Fairbairn's analysis of the schizoid personality are: (i) the considerable difficulty these patients experience over giving in the emotional sense. They deal with this by two basic techniques: (*a*) the technique of playing roles; (*b*) the technique of exhibitionism. 'The significance of the exploitation of exhibitionism as defence lies in the fact that it represents a technique for giving without giving, by means of a substitute of " showing " for " giving " ' (p. 16). (ii) sense of inner superiority based on (*a*) general *secret* over-valuation of personal contents, mental as well as physical; (*b*) a narcissistic inflation of the ego arising out of secret possession of, and considerable identification with, internalized libidinal objects. . . . 'Here it would be difficult to exaggerate the importance of the element of *secrecy*,' says Fairbairn. (iii) the operation of the intellectual defence.

Enquiring into the sources of that sense of difference from others which characterizes individuals with a schizoid element in their personality, Fairbairn singled out the following:

'(i) In early life they gained the conviction, whether through apparent indifference or through apparent possessiveness on the part of their mother, that their mother did not love and value them as persons in their own right.

'(ii) That influenced by a resultant sense of deprivation and inferiority, they remained fixated upon their mothers.

'(iii) That the libidinal attitude accompanying this fixation was one not only characterized by extreme dependence, but also rendered highly self-preservative and narcissistic by anxiety over a situation which presented itself as involving a threat to the ego.

'(iv) That, through a regression to the attitude of the oral phase, not only did the libidinal cathexis of an already internalized "breast-mother " become intensified, but also the process of internalization became unduly extended to relationships with other objects; and

'(v) That there resulted a general over-valuation of the internal at the expense of the external world ' (p. 23).

Fairbairn ends his statement by saying that such a person must neither love nor be loved and must keep his libidinal objects at a distance.

I have here reviewed Fairbairn's account in some detail because it is not only the first but phenomenologically the most penetrating definition of the processes that play such a vital role in the personality of our new 'model patient'.

In 1942 Deutsch (1) published the first clinical studies of patients suffering from what she called 'as if' personalities in her paper 'Some Forms of Emotional Disturbance and their Relationship to Schizophrenia.' She described cases in which the individual's emotional relationship to the outside world and to his own ego appeared impoverished or absent. She significantly defined the expression of this disturbance in behaviour as follows: 'there are the individuals who are not aware of their lack of normal affective bonds and responses, but whose emotional disturbance is either perceived only by those around them or is first detected in analytic treatment.'

Deutsch discussed the relation of this to depersonalization and like Fairbairn noted that 'the first impression these people make is of complete normality'. She also noted the 'staged' quality of their experiences. She singled out one specific consequence of such a relation to life as being: 'a completely passive attitude to the environment with a highly plastic readiness to pick up signals from the outer world and to mould oneself and one's behaviour accordingly'.

Deutsch noted the weakness of their moral attitudes, their extreme suggestibility (which I think Fairbairn mistakes for transference readiness), and the masking of aggressive tendencies by passivity. Another important feature, in contradistinction to the hysterics, Deutsch noted, was that in 'as if' patients an early deficiency in the development of affects reduces the inner conflict. There is little contact between ego and superego and the scene of all conflicts remains external. Deutsch states that 'analysis of these cases revealed a genuine infantilism, and their families were overrun with psychotics and invalid psychopaths'. She mentions in one case the traumatic effect of disappointment shattering the strong attachment to mother. 'Common to all cases was a deep disturbance of the process of sublimation which results both in a failure to synthesize the various infantile identifications into a single, integrated personality, and in an imperfect, one-sided, purely intellectual sublimation of the instinctual strivings '.

On the aetiological side Deutsch pointed out: 'Another cause of this kind of emotional disturbance is insufficient stimulus for the sublimation of the emotions, as the result either of being given too little tenderness or too much ' (cf. Fairbairn).

It is my clinical impression, however, that this ' passivity of the ego ' in these patients characterizes essentially the intrapsychic relations of the ego. It does not inhibit other ego-functions, such as perception or even action. Passivity thus seems a way of side-tracking strong affects. This passivity has another function, namely, of maintaining inherently contradictory and conflictual contents—affective as well as psychic—in a benign ego-syntonic state.

Deutsch makes no comments on the technical aspect of the treatment of these patients, and merely suggested that ' a strong identification with the analyst can be utilized as an active and constructive influence '. Her cautious statement ' While psycho-analysis seldom succeeds, the practical results of treatment can be far-reaching ' is in sharp contrast to Fairbairn's therapeutic optimism.

In 1945 Winnicott (24) published a paper, ' Primitive Emotional Development ', in which he tried to integrate his researches into infant-care and infant development with his clinical experience in the treatment of psychotic patients. Since then he has published many papers giving us in detail his researches into both the theoretical and clinical aspect of this work. Here I shall quote from his 1956 paper ' On Transference' (28) where working along his lines he has arrived at a theoretical statement of ' false self ' personalities which is on very much the same lines of research as those of Fairbairn and Deutsch.

' There may be extreme cases in which there is no more than this collection of reactions to environmental failures of adaptation at the critical stage of emergence from primary identification. I am sure this condition is compatible with life, and physical health. In the cases on which my work is based there has been a true self hidden, protected by a " false self ". This false self is no doubt an aspect of the true self. It hides and protects it, and it reacts to the adaptation failures and develops a pattern corresponding to the pattern of environmental failure. In this way the true self is not involved in the reacting, and so preserves a continuity of being. This hidden true self suffers an impoverishment, however, that results from lack of experience. The false self may achieve a deceptive false integrity, that is to say a false ego-strength, gathered from an environmental pattern, and from a good and reliable environment; for it by no means follows that early maternal failure must lead to a general failure of child-care. The false self cannot, however, experience life, and feel real. In the favourable case the false self develops a fixed maternal attitude towards the true self, and is permanently in a state of holding the true self as a mother holds a baby at the very beginning of differentiation and of emergence from primary identification ' (p. 387).

I shall discuss the theoretical value and clinical use of Winnicott's researches later. Here it is sufficient to add that he is the first analyst who sees in the treatment of these cases a new clinical task that is resolvable in the classical technique and setting of analysis. Moreover, he provides an aetiological statement in terms of disturbance of the primary integration processes in infancy through environmental failure of provision of phase-adequate mothering.

In 1947 Erikson (3) published an interesting paper 'Ego Development and Historical Change' which tried to explain this type of disorder in terms of crises of ego-identity formation resulting from processes of historical change in the social environment.

Anna Freud (6), in discussing the specific problem of negativism and inability to surrender in certain cases, is, I think, also dealing with the central problems of this type of case.

The next and last paper on this type of patient that I shall mention is by Greenson (11), who has attempted a very cogent clinical definition of these cases in his paper on ' Screen Defences, Screen Hunger and Screen Identity '. He finds them suffering basically from a defective formation of the self-image, and designates them as an identity disorder. His clinical picture is generally in accord with those of Fairbairn, Deutsch, and Winnicott. Two features of Dr. Greenson's picture I shall quote, however. He states the eagerness of these patients to make contact and to communicate, and their optimism. In their histories he found that they had important gratifying experiences at crucial times of their lives, and this Greenson thinks accounts for their choice of illness.

' Their hunger and optimism comes from their history of unreliable but nevertheless occurring gratifications. They cling to object-relations and to their instinctual drives because they expect eventually to be gratified by the unreliable objects. Their uncertainty and the memory of disappointments is handled by their screen experiences which deny their past failures. Their superego is as corruptible as their parents. They feel lucky to avoid feeling depressed.'

I have deliberately borrowed heavily from the writings of other analysts to establish the clinical identity of this type of case, because one can be all too easily persuaded into seeing a similarity in one's personal run of cases if one has a theoretical bias.

I shall now schematically state a few of the more significant features of the behaviour of these patients in the analytic situation, their transference to the analyst, and their needs and demands from the analyst, which I have abstracted from my clinical work with them over the past decade.

(i) Instead of transference-readiness they tend to provoke or seduce the analyst into a tantalizing relation to their material, e.g. past history or internal reality. Hence the danger of over-interpretation.

(ii) Instead of communication there is exhibition— of psychic contents. The patient from the outside in co-operation with the analyst is having a good peep at himself. This form of psychic exhibitionism, based on a strong intellectual defence, in these cases can be for long periods of work mistaken for free associations. Furthermore, instead of affectively mobile free associations there is an intensive self-engrossment in relation to which the analyst is merely a spectator. We see in this aspect of their behaviour in the transference what Anna Freud has described in discussing a patient of hers as: ' what should have been an object tie had been turned into an ego interest ' (8). It is very important not to confuse this ego-interest in the analyst with an affective (libidinal or aggressive) cathexis of him. The pseudo-enthusiasm of these patients masks a real dread of their basic sense of emptiness being found out.

(iii) All affects have a discharge urgency about them. The ego of the patient either inhibits or facilitates this discharge but is not related to it. Contrariwise there is a determined attempt to involve the analyst with these affective outbursts. This capacity to create an inner distance between their ego-functions and affects enables these patients to indulge in varied sublimatory activities and interests, which can be of considerable value to them as members of society but have little or no personal meaning for them. The incapacity to bind affective cathexes intrapsychically can be overlaid with a profuse production of material or by acting out. Once they have found someone in the outside environment, analytic or social, their ego can control and manipulate the situation. As Stone, Greenacre, Winnicott have pointed out, these patients do need *new objects* and new experiences to enable them really to experience themselves personally. The management analytically of this type of acting out is one of the hardest tasks these patients set one in analysis.

(iv) Their narcissism has a patently deficient quality about it and is defensively overlaid with pseudo-aggressive self-compensatory techniques. The fact that their auto-erotic activities, instead of imaginatively and affectively enriching their object-relationships or phantasy life, are largely compulsive and have a depleting effect on them, is reflected in the analytic situation by their excessive use of words and-or massive production of fantasies and psychic content. In fact, as Anna Freud (6) has described, these are patients who are very negativistic and cannot surrender to any relationship, and the analytic situation comes to signify for them the ultimate of this predicament.

(v) Instead of showing initiative, these patients lean heavily on the hopefulness in others which they can always mobilize and around which they can integrate for short periods of vital ego-functioning or id-experiences. In the end they reduce all this to futility and the persons involved feel defeated, demoralized, and rendered inane and useless. They repeat this with excessive compulsion in the analytic situation and this forms a very large part of their basic testing-out techniques. The burden this puts on the analyst's counter-transference is enormous and exhausting. (See Winnicott (25); Khan (15).

(vi) From the very start these patients seem to be in a great urgency to exteriorize and ' act out ' all their past experiences and current tensions in the analytic situation. In a sense they are over-responsive and yet it does not establish a relationship between the analyst and them. Anna Freud's description of the infant's experience in its earliest beginnings is very aptly applicable to these patients: ' Whatever happens calls forth a response and what seems to be missing is a pulling together of experience.'

(vii) These patients exploit partial regressions in the id and the ego, as well as superego, with great dexterity. This lends some of their behaviour and material a psychotic quality at times. But basically they are both terrified of ego-regression to its dependency-need stage, as Anna Freud and Winnicott have pointed out, and instead make a habit of manipulating dissociated states, and involving others with them (cf. Kris (16), Khan (15)). Any attempt to reduce this form of psychic manipulation creates real panic in them.

(viii) The overall and overwhelming general impression that one gets from work with these patients is that they *need* the analyst's readiness to co-operate in a controlled and limited involvement. They have not a whole experience which they can project. The gaps in their experiences are not through repression. They have only pieces of a variety of incomplete experiences from all stages of development, which they have magically congealed into operational unities. They have, however, a strong notion of what the whole could or would be like. Hence their demand for the analyst to complete it for them and to hold their fragmental affective states in experiential unity over time. It is the analyst whom they *make feel* the anger, rage, neediness, despair, love, and tenderness, destructive violence, and panic which is inside them, for very long periods of time before their ego can build up to a unity where through identification they can experience it for themselves and in themselves. The same is true of their affective states.

(ix) The utter inability of these patients to tolerate anxiety creates a clinical impasse for them, as the analytic situation through its very nature mobilizes large quantities of affects and aims at their containment and assimilation. Two techniques they use to combat anxiety-states from emerging are very significant in the diagnosis of their condition as well as in its clinical handling. The first is the translation of anxiety into psychic pain. They are almost addicts to such pain. But this acute suffering has a screen and defensive value against anxiety, and against a true realization of their dependence and deprivation. The second technique they use is the translation of anxiety into diffuse and excessive tension states. This tension state becomes a source of real resistance to the analytic process, because their intellectual defence is largely fed from this source. It also operates as a defence against a psychic realization of their instinct-tension and needs.

Genetically speaking, anxiety in these patients is not so much a reaction to strong and powerful libidinal impulses or to a primitive and sadistic superego as a sense of acute threat to the intactness and survival of their ego. Anxiety is very often a reaction to their inner experience of total emptiness and desolation. Any means of producing and maintaining psychic tension thus reassures them against this anxiety about emptiness. Psychic pain and masochism are used as a defence against this primary inner predicament. Masochistic pain raises the threshold of cathexes and so sponsors a sense of self in them.

(x) Closely related to their inability to tolerate anxiety and their craving for tension-states is their random use of defence-mechanisms. It is random in the sense that there is no specificity of a defence-mechanism in relation to consistently identifiable affective states or conflicts. Most prominent among the variety of defences they use are: (*a*) splitting, (*b*) devaluation of objects as well as of emotional experiences, (*c*) projective identifications, (*d*) idealization. It is the detailed study of their defence-mechanisms and the vast and varied medley of uses they put them to that gives the analyst an opportunity to discover and establish the primitive identifications with primary objects in these patients. It is in this area of work that one is able to ' reconstruct ' the *reality* of their earliest objects and its effects on the developmental and integrative process. Their defence mechanisms carry within them a very true picture of their infantile and childhood reality. As is to be expected, later superimpositions complicate and confuse the issues. It is partially for this reason that acting out, if it can be controlled clinically, but not totally inhibited, yields some of the most definitive clues to the *actuality* and *reality* of their infancy and childhood environment and objects. One could almost say that their defence mechanisms carry ossified within them memories of actual experiences and traumata which the infantile ego had no other means at the time of registering psychically. It is for this reason that in the clinical evaluation of their defence mechanisms one should always be on the alert to discriminate the defensive function of the mechanism from its ' communicative ' aspect. Too great an emphasis on the negative, i.e. resistance, aspect of defence can only paralyse the clinical process. What have to be released from these rigid structures are the memories of primitive object-relations and the strangulated affects and psychic processes that were at the time of the first incidence dynamically free and creative.

(xi) I have mentioned the use by these patients of idealization as a defence mechanism. There is one specific aspect of it that I would like to discuss, namely, its relation to ego-ideal formation. Quite often these patients can give the impression of being psychopathic or amoral, and one is often tempted to relate it to either defective superego formation or to an over-strict primitively sadistic superego from which the ego has to dissociate itself to survive and operate. A close scrutiny of their intra-psychic functioning, however, reveals quite a different picture. One finds that they have a very highly organized ego-ideal and all their attempts are to approximate to its demands, even to the extent of anti-social or asocial behaviour. What characterizes this ego-ideal is that it is not built from introjection of idealized primary parental objects; quite the reverse. The ego-ideal is a psychic formation in lieu of satisfactory primary figures. The idealization here is a way of dealing with deprivation from the primary object. The patient has first made good by magic or primitive imaginative activity the deficient primary object and then progressively idealized it. This idealized internal object (i.e. the ego-ideal) is then used to fend off all sense of hopelessness, emptiness, and futility. In the transference relationship they idealize the analyst and the analytic process. It is their way of warding off disillusionment and hopelessness which they feel certain will be their predicament in a real relationship. This idealization is neither on a narcissistic basis nor is it based on an identification with the object. It is a means of establishing a defensive psychic structure against the emotional reality of an interpersonal relationship. The attributes idealized consist of parts of self and object and through the idealization process are welded into a unity which then operates as the vehicle of the analytical relationship and becomes in time the source of negative therapeutic reaction in their treatment.

The question that all this leads up to is: Have we the means in our theoretical concepts and our clinical setting to cope with the needs of these patients? Can we explain the how and why of their behaviour and can we help them to work it through to integrative wholeness from within themselves in the analytic setting?

The researches into infant-care and ego-psychology by Winnicott, Anna Freud, Hartmann, Kris, Rappaport, Jacobson, Greenacre, Hoffer, etc., and the new emphasis on the meaning and function of the analytic setting in analytic treatment (cf. Winnicott, Spitz, Hoffer, Greenacre, Kris) I feel can equip us with the necessary means at least to tackle creatively the clinical problems met with in these patients. Fortunately very able and succinct summaries of these researches are available in recent literature, e.g. those of Rappaport, Kris, Hartmann, Eissler, Anna Freud, Zetzel, Stone, and Orr, so I shall only very briefly state some of the salient features of these researches and their value for our work with such patients.

The researches of the past two decades have supplemented the classical theory basically in three dimensions:

(*a*) No longer do we consider the structural division into superego, ego, and id as being our chief model of thinking. The earliest stages of infant-development where ego and id themselves emerge from an undifferentiated matrix of energic potential structures have become very significant for the understanding of personality development. As the work of Brierley and Winnicott in England and ego-psychology research workers in general has shown, the emphasis is once again on metapsychology as a process theory (cf. (12)).

(*b*) This has in turn changed our emphasis on the conflictual dynamics of early processes. Hartmann's concepts of conflict-free areas of the ego have reinforced Winnicott's work with infants, which stated that in spite of gross disturbances of the total personality there could be very effective ego-capacities. Furthermore, it has become possible to evaluate certain seemingly effective ego-functions as being symptomatic of primitive defences against disruptive experiences of very early infancy. We can now evaluate certain precocious ego-developments as pathogenic and defensive.

(*c*) This correction of our evaluation of emergence of the ego and id from an undifferentiated matrix has also enriched and enlarged our understanding of the role and function of the environment for the crystallization of the first self-feelings in the patient. By ' environment ' here I mean the sum-total of the mother's care-taking, feeding, and affective relation to the infant.

It is our crediting the true significance of these factors that makes an accurate ' reconstruction ' in the analytic setting of the exact nature and actuality of this mothering environment for the patient's development clinically and therapeutically so important for us. Because only thus can they be helped to sort out the personal imaginative primitive psychic phantasy in their experience from what was pathogenic external reality. This alone can enable them to achieve a true capacity for reality-testing and a personal inner life. Otherwise they live in a personal mad world with a very elaborate façade of normality and socialization.

(*d*) The importance clinically and genetically of this dependence of the infant on the maternal care has been defined with great sensitivity and exactness by Winnicott and many other workers.

In terms of the researches into the total analytic situation, the role of the analyst has gained in importance parallel to the understanding of the role of the mother. This has in turn put a new value on the function of the analytic setting and its meaning for the patient. (See Winnicott, Milner, Spitz, Greenacre, etc.)

All this has a direct bearing on work with our type of patient. With them it is the ego-regression in the analytic situation to the primitive stages of dependence and undifferentiated unintegrated affectivity that they are crucially seeking, and it is also the source of their most adamant resistance and negativity. It is here that the evaluation of the patient's need (unconscious) puts such a burden on the imaginative sensitivity of the analyst. The patients compel the analyst into the role of the primary environment. They utterly depend upon his ability to empathize and crystallize this into an affective ego-experience. Quite often this *need* in them is mistaken for an invitation to intervene and direct, guide and correct. That is not what the patient is seeking. In this way the analyst manages merely to replace one set of impingements by another, perhaps more benign ones. The real task is to enable the patient to experience regressively and affectively in the analytic setting the total fragmented reality that he is carrying around under magical control, and work through it from within by experiencing the new emergent relationship to himself, the analyst, and the analytic situation. This means that the reality and limitations of the analyst as a person are bound to become more visible in the process. But only in so far as they are related to the needs of the patient and the clinical situation are they of value (cf. Winnicott (27), Khan (15)). Many analysts have pointed out the need of these patients for new experiences and object-relationships, of which the analyst becomes a very important part. But the *newness* of this experience lies in the patient's gradual realization of the reality of his own processes through their emergence and evolution in the analytic situation and with the analyst. The real difference between this analytic experience and the social experiences for the patient is that in the analytic experience the patient is able to exteriorize and express all the facets and elements of his current and developmental experiences without magically seducing the analyst into collusion or rejection. This ability to be involved without interfering with the inner logic of the patient's growing reality is the most delicate task.

In a detailed case-history of a female patient in my paper ' Regression and Integration in the Analytic Setting ' (15), I have tried to discuss these aspects of the total treatment situation. Here I have not the time to present corroborative clinical material. I do, however, wish to state emphatically that I am not proposing a new variant of the therapy through so-called ' corrective emotional experiences '.

To conclude rather abruptly, I shall remind you that Ferenczi quoted Freud to the effect: ' However we treat our patients, they treat themselves therapeutically, i.e. with transferences'. The real genius of Freud can perhaps be best defined by his *invention* of the analytic situation as the vehicle for therapeutic work (cf. Kris (18)). With the growing and varying needs of different types of patients from hysterias to character disorders we have found this vehicle both resilient and effective enough to meet the self-therapeutic needs of the patients. I believe with the new type of case with their disturbed primary affective integration through the failure of their primary maternal environment we can also find the means within the classical analytic setting to release the ' harmonizing function of the ego ' (Hartmann (12)) through enabling them to achieve primary affective integration in terms of their experience in the analytic situation.

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VITALISM AND PSYCHOSOMATICS[1]

By

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It might seem foolhardy for one who is, as medical men say, only a psycho-analyst, to attempt to deal with a problem so profound and complex as the relationship between present-day psychosomatics and the age-old animistic vitalism. Yet even those who are purely and simply philosophers, without any clinical experience, have presumed to discuss the mystery of life. For we have on the one hand the inorganic world, governed by the strict laws of mechanics, physics and chemistry; on the other the world of organic life, ranging from the smallest virus to man. Some have tried to derive the organic from the inorganic, by the simple play of the laws and determinism that govern the latter. Others, more numerous, are impressed by the way in which life appears to leap from the womb of matter, and try to find to add to life some additional quality, a quality which has been designated by different thinkers at different epochs by variants of the term ' vital energy '. Even in classical Greece there was, in philosophy, the materialist, atomistic school of Democritus, as opposed to the dynamic school of Heraclitus. Similarly, in medicine, there was the organicist school of Cnidos facing, on the peninsula opposite the island of Cos, the mainly vitalist school of Hippocrates (3).

The great religious centuries of the Middle Ages needed the hypothesis of a soul animating the body. God himself was surely the first vitalist, or rather animist when, according to Genesis, he breathed his creative spirit into the animals, giving man in particular his *anima*. Thus the Middle Ages as a whole, dominated as they were by the vitalist philosophy of Aristotle (2), were more than vitalist—they were even animistic. The philosophy of Van Helmont (34), the Belgian chemist, physician, and mystic of the early seventeenth century, was still profoundly impregnated with this mystical religious concept from which it was derived. His theory of the soul is the kernel of his doctrine and hence of his physiology and pathology. According to Van Helmont, man had two souls, the intellectual soul which alone was immortal and peculiar to man, made in the image of God, and the sensitive, perishable soul, which we possess in common with the animals, and which was associated with man's immortal soul only after the fall of Adam. The spirit or ' archeus ' is invisible within, and specific to the body which is constituted around it. Thus, as with Paracelsus (38), what Van Helmont calls the ' archeus ' is the principle of spontaneity in each being. A seminal spirit, it bears the form of its begetter as an ' idea ', it adapts the substance of air and water to form its living dwelling, and directs the body until death. The ' archeus ' acts normally if it behaves according to the idea bequeathed to it by its begetter. But in cases of illness the ' archeus ' acts according to a foreign ' idea ' which leads it into irregularities. Thus, in Van Helmont's pathology, the fundamental cause of any illness was a kind of fury of the life spirit which, under the influence of some extraneous cause, formed diverse ' morbific ideas ' which acted upon the ' archeus '.

According to Van Helmont ' all illnesses are ideas '. For instance, the malady of the stone is a ' lapidary idea ', taking concrete shape in the kidneys and bladder. If we are bitten by a mad dog, the spirit of the dog's madness is transmitted to us: a rabid man is thus suffering from a ' canine idea '.

If I have dwelt at some length on Van Helmont's animistic, vitalistic concepts it is because they are, with all their archaism, part of the phylogenetic heritage of the human spirit, and re-emerge from time to time under different avatars according to the period.

With Descartes (15), the mathematician philosopher, contemporary of Van Helmont, mechanistic, organicist philosophy took a startling revenge. To Descartes—man's immortal soul being extrapolated separately—the bodily 'machine' was constructed and functioned according to the general laws of nature alone. Hence his celebrated theory of the 'animal machine'. A long line of thinkers, mechanistic, philosophic, and medical, was to follow, from Descartes down to the eighteenth century, God having been eliminated.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

But an animistic, vitalistic reaction had already come about in Germany, with Stahl (44), the physician of Halle. In his view life was not reducible to matter, but was animated by a vital principle, the soul. The soul, given by God to man, was vivifying, and the architect of its own body. The soul made use of the sense organs as its instruments. It was the soul that made the heart beat and the stomach function. So there was nothing surprising in the idea that imagination, emotion, or even just thinking, should disturb the vegetative functions. When, however, the vivifying soul failed in its task, maladies arose. Then the body deteriorated and was corrupted.

The French vitalist school of Montpellier, under the inspiration of its founder, Barthez (4), arising in 1734, the very year of Stahl's death, tried to detach itself from the mystical element in Stahl's teaching. It accepted vitalism as a hypothesis which appeared to produce results. 'That which is present in living beings and is absent from dead ones,' said Barthez, 'we call soul, Archeus, vital principle, X, Y, Z, like the unknown quantities of the geometricians.' According to Barthez, disease arose not through a disorder of the organs, but of the vital principle itself. The effect of the aberration of the vital principle showed itself in errors in the exercise of feeling or movement. The physician's duty was to help nature to recover its vital equilibrium. When, however, in spite of all the efforts of nature and the therapist, a man died, the three principles of which, according to Barthez, he was compounded returned to their source: his body to the elements, his life principle rejoined the vital principle of the universe, and his immortal soul returned to God. For Barthez, like Stahl, was a deist.

Bichat (9), the founder of modern physiology, could adhere neither to the narrow intra-mechanicism of a Descartes, nor to the spiritualistic philosophy of his vitalist predecessors. In his *Recherches physiologiques sur la vie et la mort*, published at the beginning of the nineteenth century he wrote: 'Stahl's soul, Van Helmont's archeus, Barthez' vital principle, the vital energy of others, have each in turn been considered the unique centre of all vital phenomena, and have in turn served as the common basis on which, in the last analysis, all physiological explanations were founded. Each of these bases has been successively undermined and all that has survived from their ruin are the facts provided by strict experiment on feeling and motility.'

But although Bichat was no vitalist, in the sense that he did not attribute life to any mystic principle, he considered that in life itself there were two lives; one, organic life, common to plants and animals, and animal life, peculiar to animals; the first transmitted by the organs of vegetative life, and the second by the central nervous system which controlled our relationship systems.

Bichat's concept of the 'passions', or emotions as we should nowadays call them, is interesting. These passion-emotions act on organic, visceral life, for instance, by accelerating the circulation, making the heart beat more quickly, disturbing digestion and respiration. Speaking of emotional syncope, he remarks: 'If total or instantaneous cessation of circulation is not caused by this debility, the affected parts may be permanently modified and later become the seat of various organic lesions. . . .' No modern student of psychosomatics could have worded it better. It is proof of remarkable insight in a physiologist who could not as yet know of the endocrine secretions.

The nineteenth century was dominated by the organicist concepts of the biologists Claude Bernard (8) and Vulpian (45). Vitalism was rejected as a 'medical superstition' dangerous to the human mind, already too inclined towards the supernatural. A strictly physico-chemical determinism was postulated for the whole of nature, both organic and inorganic, and the hope prevailed that one day this would disclose the secret of life itself. Charles Darwin (14) had already described the pitiless struggle for existence amongst living creatures. Pasteur (39) enlarged the field of battle by revealing the world of the infinitely small. Illness then appeared to be mainly the outcome of this struggle. Vitalism seemed to have fallen into a lasting slumber.

However, towards the end of the nineteenth and the beginning of the twentieth century the inevitable swing of the pendulum was to move towards vitalism. Naturally even in the most vitalist periods there had been echoes or prodromes of organicist concepts, just as during the organicist periods there had been vitalistic, past or future. Contemporary with Claude Bernard and Pasteur we find, amongst others, the philosophy of Ravaisson (41), with his ' substantial idea ', the vital cause of illness, which recalls Van Helmont's ' morbific idea '. But it was the spiritualistic philosopher, Henri Bergson (5), who was the mainspring of the vitalist reaction at the beginning of the twentieth century, with his hypothesis of the *élan vital* which was responsible, in freedom, for the evolution of life.

At the same period Freud (24) was being far more scientific in his work of restoring psychology, relegated to the background by the organicist nineteenth century, to its rightful place in the study of man. Not that Freud departed from the concept of a scientific determinism governing all natural manifestations. We might say that he transferred to psychology the strict determinism Claude Bernard had applied to biology. For the postulate underlying all Freud's work is this: the whole of the psychism is psychically determined, but this determinism extends even into the unconscious.

Freud was certainly not a vitalist even if, with regard to the psychism itself, he was always a dualist, with his first distinction between sexual instincts and ego instincts, and then with his second theory of the life instinct and the death instinct. He never considered the psychism to be a ' vital principle ' animating the body, whose pre-eminence he never disputed. In his *Fragment of an Analysis of a Case of Hysteria* (25) he even postulated some yet undiscovered hormonal disorder in the etiology of the neuroses, believing that perhaps one day it would be discovered. ' No one,' he wrote, ' will be inclined to deny the character of an organic factor, and it is to the sexual function that I look as the foundation of hysteria and of the psychoneuroses in general.' Freud never ignored ' somatic compliance ' even in the most psychogenic of disorders, but neither did he frankly cross the divide between ' hysterical conversion ' and ' organic neurosis ' in the present sense of the terms. Some of his disciples, however, have done so.

Even during Freud's life-time we have the work of Groddeck (30, 31), the Baden physician. Groddeck saw purposive activity in all morbid affections: acne in young people showed a wish to flee from seduction; gynaecological disorders (even including tumours), showed an unconscious desire for chastity; a cold was the wish to avoid ' smelling ', i.e. tolerating, someone, and so on. For this author there is no distinction between the psychological unconscious and the organic unconscious, operating sometimes at a great distance from the former.

In Vienna Felix Deutsch (16) was studying the repercussions of emotional disorders on the bodily functions, from a more medical and less colourful point of view. But psychosomatic medicine was to reach its fullest development, based partly on the psychological discoveries of Freud, partly on the experiments of Cannon (11), the Harvard physiologist. Cannon had shown, through his experiments on animals, the effects on the body, through the neuro-glandular vegetative system, of stress due to pain, hunger, fear, or rage. This stress, if prolonged, could cause chronic dysfunction. This was the signal for American doctors and psycho-analysts to launch an attack on the strictly mechanistic theories still in force in the faculties of medicine.

In 1943 there appeared the book of Weiss and English, *Psychosomatic Medicine* (46), but this still showed traces of timidity. A new concept emerged with the work of Franz Alexander (1), Director of the Chicago Institute of Psychoanalysis: the specificity of the emotional disorder engendering the specificity of the functional organic disorder, even of the eventual lesion. Thus a long-inhibited aggression could cause hypertension. But gastro-intestinal ulcers had a still more selective etiology. The patient with an ulcer is starved of love; if he does not find it in life, his psychism regresses to the oral stage at which nourishment was the proof of maternal love. Then, in a state of perpetual hunger, which is nevertheless frustrated, the consequent aggression is itself inhibited, becoming pathogenic; the patient develops hypersecretions of the gastric juices which lead to ulceration. Mirsky (36, 37), the President of the American Psychosomatic Society, has gone more deeply into the problem, with an analysis of the peptogens in the blood and urine of ulcer cases. Results so far are not conclusive, but Mirsky has the great merit of discriminating carefully in all illnesses between constitutionally predisposing factors and the occasional factors which activate them. Maxwell Gitelson (29) of Chicago, in papers recently delivered in America and to the British Psycho-Analytical Society, has made several pertinent criticisms of the various specific concepts which have, on occasion, flourished in America. Max Schur (43), who denies specificity, has established a more valid schema for psychosomatics. According to him the etiology of all psychosomatic disorders derives from the primitive stage of infancy at which the psychical and the physical are not differentiated. The adult, therefore, retains in one organ or another certain traces of a ‘ somatic compliance ’, readily susceptible to pathogenic influences from the external world. Thus each individual possesses his ‘ somatic style ’. Under the influence of emotion, one trembles and has palpitations, another vomits, another suffers from hyperpnoea, syncope, polyuria or diarrhoea.

In this connexion I should add that the propensity to hystero-somatic conversion is not the same in all. Obsessional types seem less inclined to it than others, having already transferred their anxieties to the thinking ego, which has been precociously differentiated from the organic. Not everyone has the same threshold between the psychological unconscious and the organic unconscious. Nevertheless, in spite of some rays of light piercing the dark regions in which our health or ill-health is formed, ‘ the essential nature of psychosomatic illness remains a mystery,’ as Gitelson writes at the conclusion of his critical study.

An American author, Flanders Dunbar (20), has felt able to elucidate this enigma more satisfactorily. In various works, crowned by a monumental treatise, *Emotions and Bodily Changes*, crammed with documentation, she describes the ‘ profiles ’ of personality which allow a forecast of the illnesses which may overtake one individual or another. These ‘ profiles ’, a real typology of prognosis, resemble ‘ psychosomatic horoscopes ’. There is the profile of the individual predisposed to fractures, to coronary troubles, to hypertension, to arrhythmia, to angina pectoris, to arthritis, to ulcers, to asthma, to hyperthyroidism, to tuberculosis, to diabetes, and so on. It is not easy to see why these profiles, based on pseudo-statistics, should state the fact of the relatively late survival of one or the other parent as a predisposing factor in one or other ailment. And why should religious and philosophic opinions predispose anyone to coronary thrombosis or diabetes?

In discussing the psychogenesis of psychosomatic affections, Flanders Dunbar never distinguishes between what is due to the patient's *behaviour* and what to his endocrine secretions. Surely there are persons who neglect themselves, expose themselves to accidents, to infections, fail to get vaccinated. She also ignores the hereditary factor: the recessive Mendelian heredity of diabetes (35 per cent in the maternal line alone) is scarcely mentioned, and there seems no reason why diabetics should be particularly fond of animals. The indecision which figures in their ‘ profile ’ is contradicted by a very well-known case, that of Clemenceau, the ‘ Tiger ’ of the First World War, who was a diabetic. Flanders Dunbar's profile of the frigid woman takes no account of the fundamental biological fact of human bisexuality. She does not distinguish between hysterical frigidity, which is always remediable either by life or by psychotherapy, and the partial frigidity, so well described by Freud, in which the clitoris, homologous to the male penis, has retained a selective libidinal cathexis which is much more tenacious. If Dunbar is right in saying there is a remedy for everything, either by psychotherapy, hypnosis or shortened psycho-analysis, then the psychotherapist must have become a veritable magician. She even talks, on page 541, of so-called cancers cured by psychotherapy: ‘ several cases are reported of benign or malignant tumours, previously diagnosed as such, being cured by psychotherapy.’ We might almost think we were reading a report from Lourdes. This is why psychosomatics is so popular nowadays in fashionable circles which do not understand its true value. When a man is suffering he will turn to anything, whether the piscina of Lourdes, Christian Science, or psychosomatics, if, lacking scientific modesty, it promises him a miracle.

The schools of psychosomatics in other countries have all been, more or less, variations of the great American school. South America, supporting the theories of Melanie Klein (35), is predisposed to find the source of psychosomatic affections in the introjection of ‘ bad objects ’ or of the ‘ bad mother ’, particularly in earliest infancy. According to Garma (28), the etiology of the gastro-duodenal ulcer shows that the ‘ bad mother ’ has remained internalized since infancy in the unconscious, and when the child grows up will attack the digestive organs from within, as soon as a regression from the genital to the oral stage is induced by external or internal inhibitions. This is a ‘ stepmother ’ idea, introjected and gnawing away at the body of its victim, and painfully reminiscent of old Van Helmont's ‘ lapidary idea ’ which caused the stone, or the ‘ canine idea ’ which caused rabies, in fact, of every illness being an ‘idea’. The old demonology and its exorcisms still flourish.

In France numerous articles on the subject, under the heading Psychiatry, and under the general guidance of the psychiatrist, Henri Ey, published in the great *Encyclopédie Médico-*

chirurgicale (23), give a good idea of the general evolution of the French School of psychosomatic medicine, of which Pierre Marty and Michel Fain are the most qualified representatives. These articles describe the psychosomatic factors in many illnesses, but sometimes without sufficient critical evaluation. An increasingly important etiological rôle is attributed to the ‘ overpowering mother ’, the oedipal father being more often than not relegated to the shadows. Is this a sign of the times, with matriarchy reasserting itself? It is rather surprising to find, in this great medical work, under the heading Dermatoses, that not only emotions, as we should expect, but also representations, are said to be projected on the skin. There is, for instance, the woman on whose neck appeared the marks of the guillotine, after she had seen her son almost decapitated by a fire-screen (case quoted by Charles Richet, physiologist but metapsychologist as well). Other still more astonishing ideoplasias, taken from the *Revue de Métapsychologie*, are mentioned. ‘ Thus,’ conclude the authors, ‘ the body shows better than the mind what the eyes have almost seen.’ What would Freud have had to say about these divagations of his disciples? It would be argued that he was cleaving to the ‘ scientism ’ of the nineteenth century, and I in his wake.

Of course no obstacle should be put in the way of research, and over-adventurous pioneers should not be blamed if they sometimes get lost in the obscurities of a virgin forest. Time alone will show which paths were properly cleared and which led nowhere. Thus, in our own day, psychosomatic medicine has produced, as a reaction against the extreme organicism of the nineteenth century, a form of neo-vitalism that can utilize modern discoveries in physiology and endocrinology. For we are all faced with one inescapable fact, with evidence which cannot be controverted: we human beings have a body and a psyche, whether it be called soul or spirit. But how do these two parts of ourselves function within us? Psychosomatics makes the proud boast of having reduced this dualism to a monism, and of having restored the phenomena of normal and pathological life to their original unity. But to no purpose. For it will always remain impossible for the human mind to free itself completely from dualism, since this dualism is inherent in our very being. This is so true, that psychosomaticists, proud of their monism though they be, have been able to find no better name for this new science than ‘ psycho-somatics ’. The mystery of duality, of the incarnation of the psyche in the soma, remains, in our day at least, as impenetrable as ever.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

I. THE UNCONSCIOUS IMAGES IN THE GENESIS OF PEPTIC ULCER[1]

By

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Peptic ulcer is a disease of the whole person—both psyche and soma. The gastric or duodenal wound is only one of its striking features. It is caused by emotional conflicts.

Peptic ulcer patients, at least in some aspects of their personalities, are active and enterprising. They make efforts to overcome their conflicts, but spend their lives in this unsuccessful struggle. In fact, it is this hyperactive and enterprising and at the same time frustrated personality which is responsible for the ulcer, for this organic lesion is in part the consequence of inappropriate gastric efforts which would not take place in the stomach at all were these patients not particularly active in general. This is because their gastric reactions reflect the behaviour of their total personalities, as is the case with any other individual. Indeed, the varying frequency of ulcers between the two sexes is due to the fact that an active personality is less frequent in women than in men. This difference in frequency is gradually disappearing owing to the ever-increasing social esteem accorded to women and hence to the activity and efforts they display.

Apparently peptic ulcer patients have an active genital life in spite of episodes of impotence and premature ejaculation. It is usually free from conscious guilt feelings. These patients may even consciously attribute the outbreak of their ulcers to genital excess, although their latent situation may be quite the opposite, for instance that of having been rejected or abandoned by their genital object. In this overt genital behaviour they differ from other patients who have different organic symptoms. Briefly: those prone to heart disease are also as a rule active genitally, but, unlike ulcer patients, they usually carry out their activity under circumstances that arouse guilt feelings. Migraine patients show a less active overt genitality and suffer more often from premature ejaculation or frigidity. Patients with obesity and ulcerative colitis are much more prone than the aforementioned to renounce genital activity altogether.

One of the important actual conflicts of peptic ulcer patients prior to the appearance of the ulcer is frequently that of a genital fixation upon someone who does not afford them proper instinctive gratification. This may be due to various causes, such as refusal of intercourse, frigidity, or infidelity. This is a conflict that ulcer patients are unconsciously inclined to seek, and one which intensifies the genital difficulties already present as a result of subjection to the mother, a sense of genital inferiority, or guilt feelings over homosexuality.

In peptic ulcer patients we generally find a clear oedipal fixation upon the mother or a mother substitute. This fixation is due, in many cases, to the fact that their mothers were genitally seductive towards them and at the same time forbade them exogamy. However, in contrast to the mothers of obesity patients, these mothers do not usually try to keep their children at home, but actively thrust them into social and professional activity.

Generally speaking, peptic ulcer patients are well breast-fed and nourished by their mothers in early infancy. However, their mothers (or mother-substitutes) raise difficulties for them in infancy as regards more adult foods, such as meat, that concern the second phase of the oral-digestive instinctive organization. Hence, apart from constitutional reasons, a special type of oral-digestive fixation is forced upon these individuals, which constitutes an important predisposing factor to peptic ulcers.

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(For a better psycho-analytic understanding not only of ulcers but also of other digestive disorders, it is advisable to extend the term ' oral ' of the first instinctive organization to ' oral-digestive ', since the most important phenomena here do not occur in the mouth but in the stomach, duodenum, and intestine. Freud termed it simply ' oral ', for he believed at that time that the digestive instincts were ego-instincts, as apart from sexual ones. He later modified this concept.)

Behind the first account of their genital activity that ulcer patients offer us, we generally discover, after a few sessions of psycho-analytic treatment, that their genital objects are by no means good ones. Furthermore, more often than is the case with most analysands, the very earliest psycho-analytic sessions generally bring out paranoid ideas of a plainly homosexual content. These ideas are often based on actual homosexual behaviour in childhood or puberty, which depresses them greatly to recall.

Thus, for instance, one duodenal ulcer patient used to keep getting up from the couch during his initial psycho-analytic sessions, complaining of a pain in the back. This practice was a defence against the transference reactivation of infantile experiences of sitting astride the bar of a bicycle, pedalled by a relative of his who was pressing his erect penis against him. When grown-up he often used to think of murdering this relative lest he should tell anyone of these homosexual doings.

This ulcer patient married a woman with a chronic illness, with the calculated intention, which he later fulfilled, of divorcing her as soon as she was cured. His second marriage was to a woman of whom he suspected that during their engagement she had been intimate with another man, and to whom he felt genitally inferior. He found this situation very tormenting. On his honeymoon he had intercourse with her eight times a day and in later years he would often do so several times a day in spite of her being frigid, a fact she confessed to him long after.

The heterosexual activity that often appears to be above average in peptic ulcer patients or those prone to peptic ulcers constitutes an effort to overcome their oedipal submission to their mothers or mother-substitutes, their castration anxiety, and their homosexual passive fears. Hence, when this heterosexual genital effort fails owing to their bad genital objects' intensifying their conflicts, the repressed part of their psyche begins to act pathologically.

The digestive tract is said to be the 'resonator' of the emotions. As regards peptic ulcer, and expressed in psycho-analytic terms, this means that in the face of increased genital conflicts, those predisposed to ulcers make an oral-digestive regression which brings about gastro-duodenal disturbances, among others, peptic ulcers.

Owing to their particular genital and oral-digestive fixations, and to their oral-digestive regression, the gastro-duodenal behaviour of ulcer patients and those predisposed to ulcer is usually equivalent to their genital behaviour. Thus, such persons seek out frustrating and aggressive genital objects, and, similarly in their oral-digestive regression they deprive themselves of favourable oral-digestive objects, namely good food, and look for unfavourable ones, harmful food. Just as they sincerely assert that their genitality is good, they likewise mistakenly believe that they are free from digestive trouble before the outbreak of their ulcer. They do not achieve good genital orgasm and, regressively, neither do they allow themselves the good digestion of food. Just as, in spite of their genital difficulties, they aim at hyperactive genital behaviour, they also exert great efforts in their digestion. This is evident in their muscular, vascular, secretory gastric and duodenal hyperactivity. But their repressed castration anxieties in oral-digestive regression activate the harmful effects of their gastric hyperactivity, decrease the resistance of their gastro-duodenal walls, and finally provoke the wound that is the ulcer.

One gastric ulcer patient had had homosexual experiences in his childhood, and in a paranoid way he imagined I had heard about them even before he told me of them. When his ulcer appeared he was living with his widowed mother, who was such an overwhelming personality that he and his brothers were more concerned about finding another man for her than about their own affairs. The patient married a woman from a country at war with his, and whom he knew to be much in love with another man. On one occasion his ulcer was reactivated after intercourse in which his wife was frigid. After his intercourse he had gone to a cheap restaurant where he ate some bad hamburgers. What induced him to do this was his tendency to repeat regressively at an oral-digestive level what had just happened to him genitally. The bad food, a regressive substitute for the bad woman and intercourse, brought on heartburn. That night he dreamt of ' two black bowls covered with snow '. In his dream the cold snow symbolized his wife's frigidity; the two death-coloured bowls represented the hamburgers; more deeply they represented his wife's two breasts. Still deeper, they represented his mother's two breasts, regarded by him as bad, damaging his stomach and impossible to digest, despite all his gastric efforts. In similar situations of genital conflicts with his wife, he used to dream of his mother as a phallically aggressive being who pierced his body, and also as an orally aggressive one, a vampire-like creature, who sucked him.

The masochistic genital behaviour in peptic ulcer patients springs from their submission to a sadistic superego, which also provokes their masochistic digestive behaviour. Now, as every person's digestion is primitively related to his mother, the digestively aggressive superego of ulcer patients, which is discovered in their psycho-analytic treatments, is of a maternal nature (bad internalized mother). The aggressions of this superego, besides the usual genital contents of castration and phallic assault, include the oral-digestive contents of sucking, biting, and digesting the patient, of forcing him to deprive himself of good food and accept bad food, and of harmfully cathecting food with bad psychic contents with the unconscious sadistic compulsion to cause digestive disorders.

One duodenal ulcer patient expressed his oral-digestive regression in saying that ' When I think of being with women I feel something like a bug wriggling and gnawing inside my stomach ' and that ' these worries damage my stomach '. When he had improved through his psycho-analytic treatment he compared his overcoming this fear to ' the removal of a fly from my food '. According to what the patient said, ' This fly had a bad effect on my stomach, because my brain, my mind, rejected the fly, although the stomach in itself would not have reacted at all '. The fly was an image of his maternal superego that sucked and poisoned him digestively.

Another duodenal ulcer patient was never breast-fed by his mother but by five successive wet-nurses. His mother was very domineering towards her husband and children. The patient chose his fiancée out of an unconscious wish for masochistic submission to a bad genital object with his mother's characteristics. He would often call her ' Mummy ' by mistake and regarded her as phallic just as he did his real mother. He even entertained the idea that she had been obliged to undergo an operation for hermaphroditism. His submission to her made him accept her quite groundless reproaches about his being homosexual.

Once his ulcer symptoms became worse when he was upset at hearing his fiancée praise other men. He reacted by feeling castrated and forced by his fiancée and his mother to eat bad food. For him this stood for their bad breasts. Thus on this and other similar occasions he used to take alcoholic drinks of inferior quality, and each time two glassfuls, representing the women's two bad breasts. When somewhat better, he substituted two cups of coffee for the two glasses of alcohol. He had very demonstrative dreams, with very plainly regressive oral-digestive, masochistic contents. In one of them he was forced to chew up in his mouth (which in the latent dream content meant his stomach and duodenum) a very sharp razor-blade ' like the one a madman used for cutting off his penis '. This blade also had the symbolic meaning of maternal teeth that bit into his digestive tract and provoked his ulcer.

In situations of genital conflict with his fiancée, later to become his wife, one gastric ulcer patient had various phantasies, the latent meaning of which was that of submitting to his father in passive anal coitus. In these phantasies the father entered by his anus into his intestine and ascended along it until he reached the inside of his duodenum and stomach. But on the way he had turned into a lioness with a lion's mane. In other words, the father turned into an animal clearly symbolic of the phallic mother. This lioness bit into his stomach and by this oral aggression provoked his ulcer.

These contents of oral-digestive aggression carried out by a maternal superego upon a person who is experiencing situations of genital failure, are also seen in descriptions of ulcer patients reported by other psycho-analysts. Thus H. B. Levey describes an ulcer patient who, on one occasion, after having temporarily usurped an older brother's place at the table, slept badly and had phantasies connected with a boyhood memory of being scolded by his mother who pulled his ear. Thereupon he identified himself with Christ and felt he was being eaten up at a Catholic Mass.

The maternal superego described above, which is both phallically and oral-digestively aggressive, is what ulcer patients in a certain way perceive when they feel as though they were being pierced, bitten, or gnawed by some animal inside their abdomens. The same often appears in advertisements of anti-ulcer drugs, where, for instance, there is a wolf tearing at the person's abdomen, though in these advertisements there is a projection outwards of what the ulcer patients perceive inside themselves.

In the first phase of his oral-digestive stage, the child sucks the breast and takes milk, and then foods derived from this, such as custards, cereals, etc. Later on, in his second oral-digestive phase, the child cuts his teeth, while his stomach and duodenum now secrete more potent juices which bite and digest more adult foodstuffs, such as meat. At the same time, his oedipal genitality begins to gain strength. This instinctive simultaneity is of far-reaching importance, since it creates deep connexions between the activities of digesting adult foodstuffs, like meat, and genital activity. Hence the meaning at once digestive and genital of expressions like ' the pleasure of the flesh ' or of prohibitions such as some religions impose against combining milk and meat foods. Religious ascetics also go without ' flesh ' by renouncing genitality. In such expressions and prohibitions the digestion of meat clearly represents intercourse. Owing to the existence of these instinctive connexions, peptic ulcer patients often have unconscious superego prohibitions against digesting adult foods like meat. This hampers their gastro-duodenal activity. Disobedience to their prohibitions on a genital level brings about guilt feelings and need of punishment which regressively provoke or intensify their gastro-duodenal trouble in regard to adult foods.

In some ulcer patients those superego digestive prohibitions, springing from genital prohibitions, extend back regressively even to the foods of the first phase of the oral-digestive stage.

> This was clearly expressed, for example, by the patient of H. B. Levey mentioned above: ' Once I saw a circumcision. A very interesting process. Not horrified. But why do I say I was not? I guess I am afraid of castration. Food. That I do not want to eat. Do you know what came to my mind? *Why should I have connected not eating and castration?* If my father threatened castration he did it to warn me to keep my hands off his wife. *The way I put my hands on her was to suckle her. The way I must escape castration is not to eat.*' (My italics.)

It is through the workings of the above-described maternal superego, with its oral-digestive sadistic traits, that genital conflicts in persons predisposed through oral-digestive fixations have functional and organic repercussions on the digestive tract. As may be clearly observed, for instance, in persons with gastric fistulas, it is possible to provoke, by merely transient emotions, such injurious digestive disorders as the following: muscular spasms and other damaging changes in the gastric peristalsis, vascular spasms, stasis and congestion, modifications in the secretion of gastric juice, diminution of the efficacy of the mucous barrier and of the resistance of the gastric walls, even to the point of producing erosions. The sadistic maternal superego provokes gastro-duodenal ulcers through all these pathological organic processes which are emotionally activated. These harmful processes are also increased by negatively cathected food, bad food, or insufficient food, that the patient eats in obedience to his sadistic superego.

As Alexander sees it, peptic ulcer is caused by the exclusively organic action of hypersecretion or nocturnal gastric secretion which is caused in its turn by a repressed craving for foods that substitute for the mother.

In the first place, such a clear-cut delimitation between what is psychic and what is organic does not seem acceptable. Moreover, Alexander's theory is invalidated by the fact that patients with gastric ulcers, which, as autopsies show, are somewhat more frequent than duodenal ones, do not usually have modifications in the gastric secretion. Also according to experimental observations, even the customary increase in gastric secretion characteristic of duodenal ulcer cases is in itself quite incapable of producing peptic ulcer. In view of all this, gastro-enterologists are attaching ever-decreasing importance to gastric secretion in the genesis of peptic ulcer, so much so, indeed, that it has been proposed to discard as erroneous the term ' peptic ' as applied to ulcers and replace it with ' neuro-circulatory ', as more in keeping with the pathogenesis of the ailment.

Furthermore, psychosomatic treatments of peptic ulcer patients, extending over many years, with several sessions per week, seem to show that the psychic constellation of repressed longing for the mother, which Alexander points out, is, when it exists, only a psychic stratum screening the deeper conflict with the sadistic maternal superego. This superficial stratum is created by the person's wish to find peace and refuge in apparently good mother-images (internalized mother). He thereby denies being in a state of masochistic subjection to a bad mother-image, which is his true situation.

All the above-mentioned unconscious contents of an oral-digestively sadistic maternal superego, as discovered in very long psycho-analytic treatments, even lead to regarding the crater of the ulcer as a mould of a nipple which, psychically internalized in infancy, has acted psychosomatically to digest the gastro-duodenal walls. If, for instance, one concedes that homosexual fantasies play a part in the genesis of an anal fistula, one cannot lightly set aside this other hypothesis about the genesis of peptic ulcer, although stomach, duodenum, maternal nipple, and lactation are admittedly much further removed than anus and penis from the conscious mind.

Likewise, a further component of the sadistic workings of the maternal superego of ulcer patients appears to stem from the trauma of umbilical separation at birth. Its profound unconscious traces seem to be reactivated when the person experiences actual conflicts with contents of anxiety over separation from an aggressive mother or mother-substitute.

In one manifest homosexual, who was very submissive to his mother, although his overt behaviour was rebellious and independent, a duodenal ulcer appeared just before he undertook a long voyage which was to separate him from his mother for a considerable period of time. He had started his psycho-analytic treatment two months previously and it could be observed that, in the situation preceding the voyage and the ulcer, he had symbolic dreams of a birth that was not completed, just as he unconsciously felt he could not completely part from his mother. Thus in one of his dreams, clearly symbolic of birth, the patient fell into a wide-meshed net and remained caught by his neck. During the voyage, as proof of his well-being, although actually indicating the opposite, he sent me a photograph of himself, on a paradisiacal tropical isle, in the company of a woman whose build greatly exceeded his own, with large breasts and an aggressive unpleasant appearance.

The umbilical cord in the foetus does not end in the stomach or the duodenum but in the middle of the intestine, at a point close to the appendix, which in the adult is Meckel's diverticulum. One may, then, raise the objection that, should the trauma of umbilical severance have any effect, it is at this spot and not in the stomach or duodenum that the ulcer should appear. This is indeed sometimes the case. Ulcers with precise peptic ulcer characteristics may be found at Meckel's diverticulum and not elsewhere in the intestine. Nevertheless, psycho-analytic treatment of ulcer patients leads one to believe that the psychic traces of the birth trauma have been displaced from their initial digestive localization to the stomach or duodenum, for it is in these organs that the new-born infant retains and mainly digests the foods which replace the umbilical supply; hence, the appearance of ulcers in these organs.

In the light of present-day anatomical knowledge it does not seem readily comprehensible that the unconscious psyche could be so precise in its influence as to create the image of a nipple and of an umbilical wound in well-defined segments of the gastro-intestinal tract. But experiments on conditioned reflexes have succeeded in showing that the unconscious is able to distinguish between points in the digestive tract no more than a few centimetres apart. One has therefore some right to suppose that they may be separately and distinctly influenced by unconscious processes.

For the acute periods, the present dietary treatment of ulcer patients is soft food, based on milk and cream in frequent feedings, viz. the diet of a months-old child. Psycho-analytically it appears that rather than for its digestive value, the diet is favourable to the patients because it makes them regress to the situation of the very first infancy in which genital conflicts do not yet exist. With this diet the peptic ulcer patients become in a way ‘ good ’ children, so that their parents allow them to digest well. In spite of its being favourable to them, ulcer patients do not keep this soft diet very long, for they find it unbearable to go on being so babyish. They disobey for the same reasons that induce them to disobey prohibitions of genital activity.

The connexions between digestion and digestive objects, on the one hand, and genitality and genital objects on the other, combined with oral-digestive regression, also explain the seemingly paradoxical digestive behaviour of ulcer patients. Thus, even when their ulcers are bleeding, there are patients who tolerate a meat diet better than Sippy's soft diet. This is doubtless owing to the fact that Sippy's diet implies giving up genitality, i.e. accepting castration, and therefore aggravates the digestive regressive substitute of castration which the ulcer wound represents. A meat diet, on the other hand, implies to some patients greater tolerance of their genitality from their environment and consequently from their superego. This diminishes their genital conflicts and, through the influence of regression, improves them digestively.

The medical treatments of ulcer patients are symptomatic and only help them temporarily. These methods do not eliminate the ulcers. As for surgical treatment, subtotal gastrectomy has the same latent meaning as castrating a person to free him from his genital conflicts. Neither does it cure ulcer patients, although it does indeed cure the ulcer. Some time after the operation, other non-ulcerous symptoms, both psychic and organic, which are at least as distressing as the ulcer was, are apt to appear in these patients. Thus a comparatively large number of peptic ulcer patients react to this operation with arterial hypertension.

At present, the sole etiological treatment for peptic ulcer patients is prolonged psycho-analysis. If their superegos are thereby favourably modified, the ulcer patients succeed in improving their genital behaviour, which enables them to improve their digestion as well, and permanently cures them of their ulcers.

Summary

Although patients suffering from peptic ulcer do not show any apparent inhibitions in their genital behaviour, their sexual object is generally someone who frustrates them genitally. The conflict with this frustrating person antedates the appearance of their ulcer. Owing to their conflicts these patients suffer a harmful oral-digestive regression of their genitality. This regression results in intensification of their cruel superegos, especially in their maternal aspects. In the unconscious there is a reactivation of the mental representations of a mother who sucks, bites, and digests them from within and also forces them into harmful alimentary behaviour, such as eating harmful food, depriving themselves of good food, and cathecting food with bad psychic contents. This psychic constellation brings on various functional and organic disorders in the digestive tract of these patients, finally producing ulcers. Owing to this genesis of ulcers, the sole etiological and most efficient treatment for peptic ulcer patients is prolonged psycho-analysis.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

II. UNCONSCIOUS PHANTASY LIFE AND OBJECT-RELATIONSHIPS IN ULCERATIVE COLITIS[1]

By

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At present the emphasis of psychosomatic research in ulcerative colitis appears to be on the physiology and biochemistry of this illness and on the conscious attitude of those who suffer from it rather than on the exploration of the unconscious and of the deeper dynamics. The few psycho-analytic reports on ulcerative colitis patients which have appeared have greatly enhanced our understanding and stimulated interest in further psycho-analytic research on this disease (1, 2, 6, 7, 8, 10).

In this paper I attempt to deal specifically with the rich, unconscious phantasy life of such a patient and to demonstrate the connexions of these fantasies with the specific somatic symptoms of the disease. Following Freud's suggestions I shall base my conclusions strictly on clinical observation. For this purpose I have selected for presentation fragments from the analysis of one case; a 34-year-old woman patient.

This patient developed ulcerative colitis at the age of 22, six months before she married. After three months of marriage she had an exacerbation and was advised to give up work and to stay in bed for several months. She remembered with amusement the remarks of one of her co-workers when she left her job: 'I hope it is a boy.' From that time, that is for the past twelve years, she had suffered from persistent chronic ulcerative colitis with abdominal cramps and bloody diarrhoea with up to fifteen bowel movements daily. Since the onset of her illness she always had bloody bowel movements, although she observed a rigid diet and followed her doctor's instructions.

When she met her husband she was very undecided whether she should marry him. She knew, she said, that he was disturbed and moody. She felt that he needed somebody, and she thought that she wanted to take care of him. She knew that if she married him she would have to repress much of her own personality and be the way he wanted her to be. It was in this situation that she developed the first symptoms of ulcerative colitis. She had related her indecision about marrying entirely to her doubts concerning her future husband's personality. She was then, as she was during the twelve years of her illness, and for some time still during her analysis, completely unaware of her doubts concerning her own personality. She had been completely unaware of:

(i) her intense conflict concerning separation from her mother and what this separation signified to her;

(ii) the nature of her relationship with her mother which precluded an adequate heterosexual object choice at that time;

(iii) the nature of her sexual fantasies and fears.

We know that this is a setting in which some young people may develop an acute homosexual panic or even a psychotic breakdown, while others may show a variety of neurotic manifestations and some no untoward reactions at all. Was there anything, and if so what was it, in the make-up of this patient that may have predisposed her to this specific reaction in this situation? We know that in the case of a traumatic neurosis, for instance, the form of the neurosis precipitated by the trauma will depend largely upon the form of the infantile neurosis, that is, upon the nature of the unresolved infantile conflicts.

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In my previous work with psychosomatic patients I have tried to demonstrate that the nature of the psychosomatic disease elicited by the trauma also depends upon unresolved infantile conflicts. In the psychosomatic patient these conflicts go back to the pre-oedipal and often the preverbal phases of development. Psycho-analysis is the method for investigating and reconstructing with the patient these phases of his life.

Let me now try to reconstruct in a very condensed form some of the essential parts of this patient's analysis. Its first part dealt with attempts to mobilize her feelings. As with most of such patients, she too considered herself and was regarded by others as a well-adjusted and rational person. She maintained that she had no emotional problems, and that she had come for analysis strictly because of her somatic complaints. She suffered very gracefully, almost with the *belle indifférence* of the hysteric. This part of the analysis was full of resistance and complaints about the analysis disturbing her emotionally.

Dreams about primitives, who had to be kept in strict suppression, and dreams about atom bombs, explosives, and other dangers brought into the analysis her fear of her own dangerous impulses. To be aware of an impulse was equivalent to carrying out this impulse in reality. She had fears of inflicting irreparable damage. She once said, ' Don't you read about mothers who kill their children? Why don't they go away before it is too late? I sleep next to my husband; what if I felt angry in my sleep; what if I would do something to him in my sleep? ' She was in the habit of waking up and going to the bathroom every night. To discharge immediately certain impulses through urination and defecation is typical behaviour of such patients.

Later in the analysis she recalled that when she went to the bathroom as a child she would see little goblins (gnomes) in the room. They had round bellies and pointed hats. There was another version of the ' little creatures ' she would see at night which was more frightening. This was a little tiger with big eyes and big teeth. The tiger was standing still, as if looking at something, or would be walking in one direction and looking in another, as if his eye were caught by some fascinating sight. Her mother had been very intolerant of any overt display of emotional behaviour, but had been very attentive to her when she complained of bellyaches.

A dream about a seashell brought into the analysis her coprophilic impulses and anal fantasies. The seashell looked like a little girl. Underneath the seashell was a little bowel movement; this was really a boy who was buried there. She had a feeling in the dream as if a murder had been committed. She remembered that she liked to look at faeces as a child and that she experienced great pleasure in doing so. Her associations then went from faeces and smearing to eating. She had read about a cat which was born with two heads. She visualized how this cat could look in two directions and eat with two mouths, and said, ' It's good I don't get fat because I like to eat.' She spoke of her fear of fat people, especially of fat women. When she sees a fat woman she has a silly fear that this woman might open her mouth and eat her up. ' So what can you make out of this,' she said, ' just that I want to smear and eat.' And then she added thoughtfully, ' It's a good thing the colitis takes care of it.' When I asked her what would happen if the food stayed in, she laughed and said, ' It's a good thing *they* come out.' She was laughing so that tears were running down her cheeks, and she said, ' You don't know why I'm laughing so, but I was just thinking of a game I suggested to my children in which each spoonful they ate represented a person they liked. It's a very nice thought about the people in the belly.'

Eating, being fat, and pregnancy were closely linked in her mind. She remembered that during the period when she wanted to become pregnant, and also during the early part of pregnancy, she had dreams about eating. Whenever she dreamt about eating, she immediately thought about pregnancy. She used to think that she was fortunate that her mother had let her out of the belly. She had a vision of children clamouring to get out from the belly. She often imagined herself being inside her husband and looking out through his mouth when he opened it. In this way she could be with him everywhere and all the time. She remembered her feeling as a child when she was sitting on her parents' lap in the subway looking around towards the door at the people getting in and out. It was such a reassuring feeling to know that she could snuggle closely to her mother's or father's body when she felt like it. Sometimes, when she looked at me, she had the idea that I was gobbling her up, pulling her thoughts and everything out of her and taking her inside me.

Her concepts of impregnation were highlighted in an involved dream about immaculate conception. It was brought out that she had the fantasy that a baby was conceived orally through a mixture of faeces and urine and was delivered anally. In this connexion it was also found that the onset of the ulcerative colitis (six months prior to her marriage) coincided with the time when she started certain sexual activities with her fiancé and with the time when an older friend of hers gave birth to a baby.

After these phantasies had been brought out there was a dramatic improvement in her condition. The anal bleeding stopped for the first time in twelve years. Some of the dynamics of the colitis could now be understood as an omnipotent way of giving birth anally to a baby which had been conceived orally by a combination of urine and faeces. In the session following this interpretation the patient announced that she wanted to make an amendment to the interpretation of the anal birth theory, namely, that she did not think that it meant birth of a full-term baby but that it probably represented miscarriage. A dream she had had that night made her think so. In this dream her cousin told her that she had just had a miscarriage and that it was all over the floor. The floor was covered with blood. She asked her cousin why she did not have it on the toilet; why she did it on the floor, and the cousin replied that she could not reach the toilet.

There was now a definite shift in her attention from the rectum to the vagina. She complained about a heavy feeling in her pelvis; about a watery discharge, and she developed vaginal bleeding. She was worried that she might have cancer of the cervix. She was afraid to see a gynaecologist for fear of what she might find out. Upon my insistence, she had a gynaecological examination and was told that this was an inter-menstrual bleeding and that gynaecologically there was nothing wrong with her. But instead of feeling reassured and happy, she had a heavy feeling and continued to worry. She had never worried about her colitis. The bleeding from the vagina caused her to have a very peculiar feeling which she called ‘ damaged feeling ’. She never had such a feeling when she had been bleeding rectally.

One day she complained that she was bleeding from both vagina and anus and that she did not know whether this was menstruation or not. This situation reminded her of the time when she had her first menstruation. She saw a stain on her underwear and thought that she had soiled herself. She was afraid that her mother would punish her. She was 11½ years old when she experienced her menarche. She remembered that she always wanted to see the little egg and looked for it in her menstrual excretions.

She remembered that when she asked her mother to have another baby, her mother had said that she could not have any more children because her pelvis was too small. Her mother had told her that, had her head been a little larger, the doctor would have had to chop it off. While telling me about this, she said, ‘ My mother sounded a bit too cheerful about that.’ In another version of her difficult birth, her mother had told her that if the birth had lasted a little longer, the doctor, in order to save her mother’s life, would have had to cut the baby up into pieces.

Her fears of genital intercourse, her confusion between vagina and mouth, and her wish to bite off the penis were brought out in a series of dreams which dealt almost exclusively with birds. In one dream a parakeet was biting her finger. This parakeet had no feet. The feet were screwed to the bottom of the cage. That day her parakeet had flown out of the cage. She had caught it and put it back into the cage. In connexion with this dream, again her need to tie her husband and her children inseparably to her and then feeling tied down herself were analysed.

She had lived in a very close physical and emotional relationship with her mother, who had not remarried after her father’s death when my patient was an adolescent. They slept in one bed, and her mother would often suggest to her that they make ‘ chairs ’ in bed. This meant that she would fit herself with her body very closely into the concave curve of her mother’s body. During adolescence her mother was still very concerned with her daughter’s bowel functions. They communicated about this matter in a sign language when they were in company. When my patient needed to go to the toilet, she would touch her nose to let her mother know.

She used to be a tomboy, to play with boys and think that she was one of them. She felt that her mother approved of this behaviour and wanted her to be a boy. She was never dressed in very girlish clothes. Her mother would call her ‘ my little monkey ’ and not ‘ my little darling ’ as the other mothers called their daughters. My patient would often call her son ‘ Sweet girl ’, pretending that it was a slip of the tongue and that he didn’t hear it.

A dream in which somebody told her that she was changing her husband into a girl and another dream in which she was the man and her husband was the woman brought into focus her confusion between male and female. She said, ‘ I am tired of confusing people’s sexes. Why didn’t I picture my husband as a man?’ And she continued, ‘A man is a dangerous person. Women are more friendly people.’

She was in the habit of sleeping with her head on her husband’s chest, and sometimes just before falling off to sleep she would have a feeling as if she were lying on her mother’s breast. Sometimes on awakening in the morning, her husband would look to her like her mother. At such times, touching or seeing his hairy chest would startle her.

During this phase of the analysis, she reported that she had had the feeling during intercourse that her husband was a spider. ‘All arms and grabbing tentacles and with a mouth in the middle. I felt like the prey. His mouth and his limbs felt like a spider.’ She stressed the fact that she had not been frightened by this feeling. ‘ It was more like an amusing perception of my husband.’ To the interpretation of denial and projection of her feelings, she reacted with the question, ‘ What would I want from my husband? If it is the penis, then I’ve got it.’ She had a visual association: a little spider eating up the whole person. In another visual image she saw herself merging with her husband. ‘ This is a very nice feeling,’ she said, ‘ so secure and protected. But this would mean that I trust him enough to jump into his mouth and he would not close it or else I would be stuck.’ Earlier in her analysis she had expressed surprise that her husband was not afraid to thrust his penis into her mouth and apparently felt the same way about her vagina.

She had a phantasy about me before falling off to sleep one night: I was a spider and I was engulfing and gobbling her up with a big mouth. That night she dreamt that she was in my office lying on her bed. I was sitting next to her. Then I was lying down next to her and in a tricky way I was putting my arms around her. She bit me in the neck and drew blood from the jugular vein.

The emergence of her very strongly repressed homosexual strivings was met with great resistance. This phase of her analysis was characterized by a paranoid tinge in the transference and a wish to leave analysis or to change to a male analyst. She was repeating in her analysis the situation when the homosexual relationship with her mother was coming so close to the surface that a break-through into consciousness seemed imminent. At that point, in great conflict she had switched this relationship from her mother to her future husband, who seemed to lend himself as a more appropriate ' male ' replacement for her mother. At the same time, she reversed with her husband the relationship she had had with her mother by attempting (apparently successfully) to make him as dependent upon her as she had been upon her mother. She then began to devaluate her mother, maintaining that her mother was now dependent on her without any valid reason in reality. After she had made the decision to marry and engaged in sex play with her fiancé, she developed the first symptoms of ulcerative colitis. She came for analysis twelve years later at a time when she felt threatened in her relationship with her husband because he was undergoing analysis.

She complained about her growing dependence upon me. Once I had cancelled an appointment at the last minute because of illness. That day she developed rectal bleeding, which she had not had for many months. When she came for her session two days later, still bleeding, I interpreted the bleeding as her reaction to the cancellation. I told her that my suddenly getting ill had apparently shocked her and prompted her to use her defence against the danger of uncontrollable loss. The bleeding represented her omnipotent way of separating herself from me. To her, separation symbolized birth. Birth was a forceful and bloody removal of the baby from the mother. The next day the patient reported that the bleeding had stopped as soon as she had left my office, ' as if a tap had been turned off '. She had had similar experiences on other occasions when her symptoms had stopped immediately after interpretation. This was very disconcerting to her. It meant acceptance of a psychogenic origin of her symptoms and responsibility for her illness. She felt that it was dangerous to be dependent on me and that it was safer to have others depend upon her. She was afraid of her emotional involvement with me, and she compared me to a character of the French Revolution who knitted stockings while heads were rolling off the guillotine.

She reported changes in her feelings and her behaviour. There was a striking change in her toilet habits. Previously she would want to go to the toilet to spend time there because it was pleasurable. She talked about the change in feeling during intercourse. Her husband appeared so different now: so big, especially his shoulders. She said that she liked this feeling, but that she did not enjoy intercourse as much as she used to. To my interpretation that she refused to accept herself as a woman in reality and that earlier she had enjoyed intercourse more because of her infantile fantasies in which her husband either was her mother and she the child or he was the woman and she the man, she replied, ' So what harm is there in that? Why can't I do that? '

She had a peculiar experience in her office one day. (She had resumed work in the meantime.) She was talking to someone who she thought was taking up too much of her time. She did not feel annoyed, but had a fantasy while talking: she saw herself squirting ink from her pen into his face. This was rather amusing to her. She thought of a scorpion squirting ink and of herself squirting blood.

Previously she would have had cramps and bloody diarrhoea in such a situation. The fact that she could now, in a *conscious* phantasy, gratify her impulse to attack the irritating person made the somatic symptoms unnecessary, although she could not yet tolerate consciously the affect accompanying the phantasy. Instead of feeling angry, she felt amused. She still did not trust her ability to control destructive impulses in reality. She had a dream which she could not remember, but she recalled the feeling of the dream when she awoke. She summarized her feelings: ' These impulses are too strong, too overwhelming. I had better have colitis. I need a safety valve.' The decrease in her somatic symptoms was in direct proportion to the increase in her ability to tolerate the anxiety resulting from her pregenital impulses and phantasies. When she looked down at herself on the couch her feet seemed so far away. She did not like this feeling. During puberty, when she was growing rapidly, she had had the same feeling. At the same time, she had a phantasy that she could have a thousand children, and said, ' It is a pleasant and comforting thought to be pregnant continuously.'

The ulcerative colitis had made it possible for her to function simultaneously on two different levels. In reality she could be a grown woman, married and have children. Her only handicap was her illness for which she was not responsible. In her symptoms she could gratify her infantile fantasies and pregenital impulses instantly without any conscious awareness or feelings of anxiety.

Summary and Conclusions

The etiological significance of sexual fantasies and conflicts in the genesis of conversion hysteria was established by Freud in 1895 (5). Since then the link between fantasy and conversion has occupied considerable psycho-analytic interest (3). In the psycho-analytic treatment of children suffering from ulcerative colitis, I had arrived at the conclusion that ulcerative colitis is an organ neurosis with pregenital conversion symptoms

(4, 8). I should like to reaffirm this with the case just presented.

In the case of this patient, as in hysteria, the colon (as the organ associated with elimination) had assumed the role of a sexual organ. Yet, unlike the hysteric, she did not manifest sexual fears or inhibitions. She could have sexual intercourse and even have the thought that it would be pleasant to be pregnant all the time. In fact, when she gave birth she refused anaesthesia and regretted that she did not have her eyeglasses to watch the birth process more closely. She was not bothered by oedipal fears or conflicts, and sexual intercourse, pregnancy, and childbirth did not appear forbidden or dangerous. Her sexual fears and phantasies were of a pregenital, namely oral and anal nature, and were acted out repetitively in the symptoms of her ulcerative colitis. Nothing happened to her genitally. The damage took place in her bowel. When her pregenital sexual phantasies were exposed in the analysis, a shift from the bowel to the vagina took place, and she developed genital symptoms similar to those of the colon together with some manifest anxiety. With the mobilization of anxiety leading to manifest genital fears and inhibitions, there was a decrease and finally a cessation of the somatic symptoms. One could say that the analysis was transforming her into an hysteric. I have found this dynamic constellation in every case of ulcerative colitis which I have treated psychoanalytically (9, 10, 11).

Are there genetic factors which determine the specific pathogenicity of such phantasies in the lives of these patients, and if so, what are they? Why do these patients react with these specific somatic symptoms when regressing under the impact of a precipitating traumatic situation (in the case of this patient, marriage and leaving mother), rather than with depression, psychosis or a manifest perversion? This brings me to the second topic indicated in the title of this paper, namely, the role of object-relationship in ulcerative colitis. The object-relationship of the ulcerative colitis patient gets its particular colouring from the fact that the libidinal ties to the mother or her substitute are overemphasized, while the destructive impulses directed against her are completely denied (9). This patient's major problem was that of separation from her mother. Separation was unconsciously equated with birth. To separate was extremely dangerous. It was safer to remain inside her mother's body. Her mother did not tolerate any overt manifestation of anxiety or emotional behaviour when the patient was a child, but was very attentive to her when she complained of bellyaches. When she began to feel anxious and to display emotions during her analysis, she once said, ' My mother would have no use for such behaviour '. She felt that she gave up ' part of her personality ' to please her husband because she could not be ' her true self ' with him.

The unconscious phantasies, anxieties, and perverse needs of her mother had transmitted themselves to the patient, stimulating and reinforcing her own fantasies and anxieties. This relationship with the mother I consider an important factor in determining the fixation points and the choice of defence mechanisms which the child will use in the struggle with his instincts.

I consider the variations in the severity of the somatic manifestations and the variations in the personality structure of patients with ulcerative colitis as being determined by the level of fixation. Dependent upon whether there is a predominantly oral or anal fixation, there will be a greater or lesser diffusion between the libidinal and destructive energies. The psychological equivalents of the somatic manifestations in ulcerative colitis can range from melancholic depression and paranoid schizophrenia to perversion and psychopathy.

I consider the somatic symptoms of idiopathic ulcerative colitis as pregenital conversions based on specific unconscious phantasies and conflicts in persons predisposed to such a reaction by a specific mother-child relationship in early life.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

III. ORAL REGRESSION DURING PSYCHO-ANALYSIS OF PEPTIC ULCER PATIENTS[1]

By

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This paper deals primarily with the type of oral material produced by 12 patients, 10 of whom completed their psycho-analytic treatment and were found to be well 10 to 22 years later, and by 2 cases that received 77 and 138 hours respectively of psycho-analytic treatment. This group of 12 patients consists of 5 Character Neuroses, 5 Obsessional Neuroses, and 2 Mixed Psychoneuroses.

The Character Neurotic Patients

The influence of oral eroticism on normal and pathological character formation has been studied by Abraham (1) and Glover (4). They both found it difficult to present a clear picture because of three factors: (i) many oral elements persist as erotic activities; (ii) it is difficult for analysis to find oral character configurations free from admixtures with other elements; and (iii) many elements which are clearly differentiated from each other later on are still integrated in the oral phase of development.

If we are to use Freud's psychological types (2) to describe our character neuroses, we must examine them from a libidinal angle. This group was neither purely erotic nor narcissistic, but was really a mixture of both, and belongs to Freud's erotic-narcissistic type, which is the one most frequently met. In life such individuals try to steer a middle course between dependence on objects and self-love, and thus never reach the extremes of either component type. They are attempting to bring self-love into accord with object-love, and their activity and aggression help to bring the object within reach of the ego. Only when some actual external frustrations arouse them will they show a diffusion of these libidinal stages and regress to the earlier one; it is this that may result in the production of a peptic ulcer.

We are aware from our clinical studies that the functional ground-work of the mouth or oral stage is formed by libidinal activity, self-preservative activity (including orientation), and mechanisms for fusing or diverting primary instincts. In our studies of libidinal energy we have become aware that the primacy of any one zone is only relative. Thus we learn that the centralization of the libido into a common accumulation and discharge system is only relative, and that indifferent parts of the body can to some extent become libidinally autonomous, and so capable in times of stress of taking over centralizing functions, causing a backward displacement of organ libido.

We have also learned that in the pregenital primacies a general or individual period is necessary for the sufficient working out of gratification. It is especially true with suckling gratifications, that there is an optimum period with individual variations. Shortening of the period is almost invariably traumatic, while the effect of lengthening depends on the stage of ego development reached in the culture concerned, and may lead to a fixation.

In all my peptic ulcer patients I could see the effect of this over-great gratification of the oral primacy and the effect it had on the individual oral dispositions or character as well as on later primacies. Normally the primary gratification of one stage becomes subsidiary in the next until the individual is under full genital primacy, when they all become represented in the preparatory fore-pleasures of coitus. All my peptic ulcer patients were faced with an abnormal struggle on the part of the earlier primacy to retain its dominating influence. Thus it inhibited the free working out of the next primacy by continuous archaic modifications. These patients used the mechanisms of displacement and condensation to withdraw libido energy from one point, invest another, and, in the case of regression, to reinvest another. Analytic experience shows that this displacement is not only a forward but also a backward one. This displacement and regression form the keystone of the analytic investigation of these peptic ulcer patients.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

Unfortunately we know nothing of the primary mouth situations except by repetition through later situations akin in some way to the first. We know that the influence of the relative primary situations and of repression are matters of internal economy and leave out of account a dynamic function of the mouth activity, which concerns the ' stage setting ' in which the drama of suckling is enacted. During the analyses we become fully aware of the relation of the mouth to the fully formed ego-characteristics. This they express simply through the series of incorporation, introjection, and identification. It was evident that the primary autoerotic objectless stage had contributed a feeling of unalterable conviction which had become the basis of all future identification so that the subject and all objects were the same for the child. In this primitive oral phase, object investment and identifications were indistinguishable from one another. The manner of dealing with an object was actually to take it into the mouth, as was done with the breast, a process of incorporation whose psychical analogue is the introjection of objects into the ego. Thus actual introjection, as in cannabalistic activities and totemistic ceremonials, has been followed by psychical identification. In a similar way we found that this oral stage acted as a moulder of all subsequent object relations by fusing love and aggression towards one and the same object. The inner tension of hunger is dealt with aggressively by muscular movements towards and incorporation of what ultimately proves to be an outer object. The gratification derived makes this object a love object. As Freud said, 'At the oral stage of libido organization amorous possession is still one and the same as annihilation of the object.' It was this close connexion between this archaic ambivalence, introjection, and identification that these patients in the course of later identifications of complete objects, and to the sexual strivings of the opposite sex, showed in their productions the influence of the oral development in the Oedipus situation. The erotic strivings that normally take place towards the parent of the opposite sex and lead to a hostile attitude towards the parent of the same sex were absent in my group of patients. In its place we had an identification with the parent of the opposite sex and a seeking of love from the parent of the same sex, as if to replace the love object in the erotic relationship to the parent of the same sex. With the abandonment of the erotic strivings towards the parent of the opposite sex, a regression occurred to the oral method of introjection and identification. My male patients had adopted female characteristics and the female patients masculine characteristics. We can thus see the large part that this regression to the oral phase played in the character formation of my peptic ulcer patients.

Other erogenous zones too played their part in influencing the ambivalent attitude of my patients toward objects in addition to their character formation. Primarily mouth gratification consists in swallowing and retention, anal gratification in expulsion. Later we find that retention becomes one of the features of anal pleasure, and rejection either in vomiting or refusal of the breast one of the modes of expression of the mouth. Both these were associated with a definite appreciation of the object and both expressed ambivalence towards objects. My male patients compensated for oral loss by bed-wetting. This auto-erotic activity with the nipple-like penis produces compensatory precious fluid to command. Urination provided a direct means of regression as well as acting as autoerotic compensation, but by the process of identification they established a continuity between suckling and the ejaculation of semen. In those that suffered from ejaculatio praecox the prematureness was associated with a lack of spasmodic quality; this was due to a pronounced urinary interest which marked its oral quality as a reaction of oral impatience. The forepleasure stages of coitus were also found to be displacements of oral activity. Thus to my patients, kissing, playfully biting, embracing, all represented a repetition with varying ambivalence of the swallowing or incorporation stage. All castration theories in my peptic ulcer patients were rooted in the belief that the woman has a penis; some modifications were that the woman had a hidden penis, or a disappearing and reappearing penis. Some practised cunnilingus believing that by suction they could recover the hidden phallus. A passive reversal of a sadistic oral impulse together with a projection on to the female genital of destructive mouth impulses was expressed by male patients who feared that the female genital, during coitus, tears away and sucks in the male genitalia. The main mechanisms employed by my patients in their flight into homosexuality involved a renunciation of the incestuous object by introjection on the oral pattern, the males adopting female and the females masculine characteristics. In those of my cases where the suckling technique was passive, a direct continuity could be noticed with the attitude of the male passive homosexual, while in those who were active homosexuals there was an identification in their object relations with both suckling mother and suckled child. This was true of both sexes. In these situations the jealousy and rivalry had as its background the observation by these patients of the suckling of the rival brother or sister.

The carry-over from the oral to the urogenital system was expressed as an oral revenge, for here the masturbatory technique was one of punishing the penis by the act itself. The fantasy was that the elusive nipple is at last at the mercy of the baby; it is driven to produce milk and its collapse after orgasm is regarded as a just punishment. A cessation of masturbation was usually followed by depression and extensive eating of sweets.

Depressions were a common occurrence in all my patients. It was in these circumstances that we were able to observe oral regression. These patients showed a marked increase in mouth erotism and a special fixation of the libido at the oral stage of development. The disturbance of the early ego-relations to objects was severe. The greater part of object investment remained at the stage of part-love, whilst the remainder was attached to the whole object on a narcissistic basis, i.e. with the self as object. When a love injury reactivated an early infantile narcissistic love injury there was a tendency for the slender narcissistic thread to snap and the object to be lost. This loss was never complete, for the same mouth mechanism which found the object by way of cannibalistic love helps to retain it now, but the price paid is identification. An incorporation of the object into the ego would take place, and once this was accomplished it became subjected to hostility and criticism that could only have been in keeping with the intensity of primary oral ambivalence. It was these self-reproaches as expressed in castigating the mother object in the self, as well as the self-reproach for the intolerable cannibalistic wish which my patients later expressed in their refusal of nourishment. This is the mechanism of oral incorporation of the hated mother object as bad food which Garma (3) described in his ulcer cases.

It is interesting to note that, in all my peptic ulcer patients during their adolescence, the mouth played directly or indirectly a constant part in relation to taboos. The prohibitions usually ran in the following order; swearing, smoking, drinking, gambling, and direct sexual intimacies, first directed against kissing and hugging.

My sadistic patients showed their gratification of orality through word presentation by adopting incisive speech that revealed the biting process in their use of words; their sarcasm was biting and their speech was sharp-tongued and their wit corrosive. Some were less aggressive, and would reflectively chew the cud; others were passive, and preferred to drink in the distillations of wisdom of their parents or parent substitutes. All these oral gratifications took on either an active or a passive aim, that is, whether they were biters or suckers.

The oral triad, impatience, envy, and ambition, was expressed as a sense of immediate urgency, a necessity to ‘ get the thing over ’, which was usually accompanied by motor restlessness, an envy of the achievement of others, a desire to climb, a hankering after rewards, and yet behind it all there was a feeling that it was theirs by right and ought to be given to them. They sought security and regularity in permanence and while in such safe positions were quiet, calm, and diligent as if they were once more sucking at the preferred nipple. There could also be seen the evidence of the old oral omnipotence in their belief that they had an inalienable claim on society to be supported. Optimism seemed to be part of their belief that by some magic formula something was bound to turn up, and yet if reality came perilously near and they found they were not going to be provided for, they became despondent, turned their back on things, and drifted into irresponsibility. Others of my patients became enraged at society and sought to obtain their rights by force, just as they had when infants, furiously clawing at their mother's blouses demanding the breast. Some patients exhibited their impatience in an increased sensitiveness relative to time. In keeping appointments they often adopted the precautionary measure of setting their watches fast, yet their real concern was that the other party should not be late. Delays caused impatience and fury, usually accompanied by fantasies of violence. When they had ample time they would still hurry to keep an appointment, walking faster and faster, and when nearing their objective would break into a run.

The envy of one male patient who had observed the suckling of rival children had a strong interest in teaching, but could only impart information to individual pupils who were narcissistic replicas of himself. Another enjoyed teaching, so long as it did not involve giving specialized knowledge which had been imparted to him individually.

The Obsessive Compulsive Group

The patients in this group showed the pathognomonic symptoms of anal-sadistic regression. This was dependent on residuals of the anal-sadistic phase of libido development, the weak phallic organization, and the too early development of the ego, which, however, still functioned on the immature level of magical thinking. Further regression caused a pathological intensification of the oral traits in this peptic ulcer group. Instead of a pure culture of oral traits I became aware of the presence of an admixture of traits belonging to both the oral and anal stages of libido development.

Castration anxiety was intense in these cases because of their seductive mothers and their own strong incest drives accompanied by guilt for the intense gratification derived from these contacts. An easy regression to the anal-sadistic stage of organization was facilitated. This played a great part in the weakness of their phallic organization and caused a more intense pregenital fixation. The mother's activity caused the patients' egos to develop defences early, and thus to have recourse to archaic and immature defences. At times they seemed to give the impression that there had not been an actual regression but rather a failure to develop to a full phallic Oedipus complex. This appeared as if it might be the case because of the few compulsive symptoms that were present in these patients as contrasted with the great admixture of general infantile traits, so that they sometimes gave the impression of being hysterics or even impulsives.

The economic function of the mutual modification of these oral and anal traits was usually expressed in this obsessional group by stinginess. They grudgingly showed hospitality, were reluctant to spend, and always sought a tangible return. They were irritable and obstinate and suffered from chronic constipation. Oral characteristics were accentuated, and mouth satisfaction much sought after. The sadistic elements of the anal stage helped to emphasize the retentive aspect of the oral activity.

Some of these patients evidenced their need for sucking gratification by showing a need to give by way of the mouth. Besides the persistent longing to obtain everything, there was a constant urge to communicate orally to other people. This urge to talk gave the impression of an inexhaustible flow and assumed special importance or unusual value. This contact through oral discharge carried over into other activities. There was commonly found an exaggerated neurotic need to urinate while talking or directly after it. The sadistic elements were noticeable where the conscious purpose was that of killing the adversary. The killing or annihilating were expressed by bodily evacuations and even as fertilization.

Several patients observed a typical obsessive bedtime rhythm which had persisted from childhood, namely the successful wooing of sleep. A certain amount of reading, which varied considerably between patients, had to be taken, in certain cases in a fixed dose, regularly before sleep, a ' night-cap '.

Mixed Psychoneurosis

In the two cases in this category, evidence periodically appeared to show that they had not overcome their fixation on their early object choice, the mother, for frequently after disappointments they again readily returned to it. On these occasions sexuality came to represent to them infantile incestuous love, and consequently involved an urge to repress all sexuality. All these patients were intensely fixated on their mother in early childhood, but later through rejections and prohibitions were prevented from gratifying their oedipal wishes. Their intense and exaggerated obsessive interest in certain fields often betrayed itself as masturbatory fantasies connected with the Oedipus complex. In two of the women patients there were complaints of nausea and vomiting which were associated with the eating of fowl and the cruelty of eating animals. In these women the fowl and animals represented their fathers, and such an act of eating would be an incorporation of a part of their fathers' bodies. Thus, this acted as a screen for the unconscious fantasy of sexual union with the father.

These patients approached their Oedipus complex with all the intensity, insatiability, and aggressiveness expressed in their solution to failure. They desired immediate and complete gratification, which, being unattainable, caused a fear of retaliation, leading to a fear of castration and complete annihilation. The defensive approach of these patients was to regress back to orality. Instead of obtaining their goal by the avoidance of the Oedipus complex, the regression seemed to make the situation worse than before. Now gratification, as well as successful defences against their oral drives, became impossible. The castration anxiety previously feared now became a fear of being eaten, a fear of losing love, and a fear of starvation. The influence of the Oedipus complex upon the orality of my patients was evidenced by expressing their orality in oedipal language. The primal scene fantasies were connected with oral destructive fantasies, while oedipal longing was expressed as a longing for warmth and affection, in insatiable hunger and in the need for an ever-flowing, abundant breast. Their castration anxiety took the form of a fear of starvation. Behind all their orality, one could discover the concealed Oedipus complex.

These cases which showed strong oral dispositions frequently displayed social manifestations connected with viewing and exhibitionism which appeared either directly or as a reaction formation. Curiosity over trifling domestic details was often combined with more abstract interests. In one instance, a strong preoccupation with psychological mechanisms and treatment was found to be based mainly on oral situations. This view was corroborated by an interesting slip of the tongue whereby the word ‘ psychology ’ was rendered as ‘ suckology ’.

Throughout the analyses, by the emergence of early material, it was evident that the ego was regressed. The significance of the earlier relationships between mother and child was particularly outstanding in the treatment of these organic neuroses. Frustration of oral tendencies was constantly found to be a central issue. These sustained but frustrated oral receptive and oral regressive tendencies had a stimulating effect upon the stomach secretion. During my careful study of these psycho-analytic histories, it became increasingly clear that in the character neuroses, oral regression was always due to a strong oral fixation, while in the obsessive-compulsive and mixed psychoneurotic cases it was often found to be the result of regression from an unresolved oedipal conflict. The oral regression was usually induced by the oedipal barrier. As the analysis progressed, my male patients became more and more involved in the transference conflict of the oedipal phase. Oral regression was clearly used as a defence in which oral dependence was substituted for passive homosexual wishes. Although these homosexual wishes were a reaction to originally competitive, hostile tendencies, it was found, in the orally fixated patients, to be a mixture of phallic competitiveness and oral envy as part of the oedipal rivalry.

Several of my peptic ulcer patients acted out their homosexual phantasies by performing fellatio with casual male partners. It was evident that they were substituting the homosexual companions, a projection of themselves, for their mothers. Thus they were unconsciously, by the act, rejecting the mother and denying their dependence on her. They also, by these homosexual acts, attempted to shift their passive oral dependence from the disappointing and threatening mother to the father. This emphasized the patient's predominant orality and pointed up the replacement of the breast by the phallus. My patients' ambivalent and pregenital attitudes towards objects retained all their primitive aims; these had remained as a basic endowment of their ego organization.

All my peptic ulcer cases were children of a narcissistic parent, the mother, towards whom they became ambivalent, and helplessly dependent (7). Thus the children's ego functions and instinctual drives were in the service of the parents' own narcissism and immature instinctual drives. The children were unable to differentiate the boundaries of their own egos from the influences of the important parent, the mother. Oedipal disappointment was dealt with in the same manner as the pregenital trauma of separation or loss, by introjection of the object and regressive splitting of object and self-representation with diffusion of libidinal and passive feelings. The superego became the sadistic idealized parent-child, while the ego became the hated devalued parent-child. This is the process that Garma (3) found to be present in all of his peptic ulcer cases, and which he believes is the real basic cause of the ulcer formation. Aggressive relationships in adult life are the result of transformation of such individuals' early passivity and an attempt to deny their early childhood experiences of dependence upon the mother, the desire to receive both food and love from her. Their fantasies are that they, by their activity and contact with reality, control the situations which they once passively induced.

As a result of the intense persistence of orality, introjection, and projection, my patients had tended to remain emotionally immature. This was furthered by their intense desire for mother's exclusive love and attention, which they attempted to obtain by any means. Their desire was to be the only child (6), and the birth of a new child into the family acted as an excessive trauma. Their disappointment in the environment, upon which they had been dependent for the perpetuation of their self-esteem, caused them to become depressed. Their greediness for love made it impossible to satisfy their narcissistic needs, and so helped further to diminish their self-esteem. Although these emotionally impoverished people were abundantly supplied with intelligence and creativity, they clung parasitically to their first love object, the mother, whom they were never able to relinquish.

These patients, as a result of their ego-alien drives, were unable to acquire the objects of their unrealistic desires from the environment. The cumulative tension brought on by their frustration caused them to turn their aggression on themselves and helped to produce their somatic and emotional suffering.

Summary

Oral regression was studied in 12 peptic ulcer patients whose psychiatric diagnoses were 5 character neuroses, 5 obsessional neuroses, and 2 mixed psychoneuroses. Long-standing neuroses were present in these patients, and the ulcer, which was part of their neuroses, would appear when actual external conflicts met with and intensified their infantile conflicts. Oral-receptive and oral-demanding attitudes dominated their personalities and kept them immature. The character neuroses showed that their oral regression was due to strong oral fixation. In the obsessional neuroses and mixed psychoneuroses, the regression to orality was found to be due to a regression from an unresolved oedipal conflict. These emotionally impoverished people were intelligent and creative, yet dependent and unable to relinquish their first love object—mother. Ego-alien ideas caused an accumulation of tension with frustration. The inability to discharge their aggression outward caused an introjection of the rejecting mother and helped to produce their somatic and emotional suffering.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

IV. NEUROTIC STATES IN DUODENAL ULCER PATIENTS[1]

By

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My experience of patients with duodenal ulcer is based so far on four groups studied by the following methods:

(i) 51 male patients selected from a medical department and compared with a corresponding number of controls without gastro-intestinal complaints. All had psycho-analytically-oriented interviews and various psychological tests (1958);

(ii) 48 male patients admitted a total of 212 times to psychiatric departments where they had been examined clinically by a number of different psychiatrists (1959);

(iii) 24 female patients with a history of gastric resection five years previously, followed up by analytically-oriented interviews (to be published later);

(iv) 1 patient who has completed psycho-analytic treatment, 2 patients in psycho-analysis, and 28 treated by analytically-oriented psychotherapy.

Psycho-analysis is of course the necessary diagnostic method in radically ascertaining the psychosocial genesis, but a few psycho-analytically-oriented interviews (partially in relation to the revised answers to a special questionnaire) may be sufficient to evaluate the symptoms, the predominant personality traits, and the essential dynamic factors, presupposing that the analyst has sub-special psychosomatic training and of course that the patient affords positive co-operation. It may be mentioned that therapeutically effective insight is no absolute condition for a number of exact psychodiagnostic evaluations, no matter how much the best psychodiagnostic methods owe to psycho-analytic observations. Within present-day psycho-analysis there is an ever-increasing tendency to utilize to the full whatever adequate psychodiagnostic methods can yield before starting an analysis.

It may also be mentioned here that, although often disregarded, it is important to get really representative materials within psychosomatic studies generally, and in cases of peptic ulcer to differentiate sharply between duodenal and gastric ulcer.

According to the results of my studies of patients with duodenal ulcer (as well as those published in the literature) duodenal ulcer appears to be a psychosomatic disease in the strict sense of the word. In other words, duodenal ulcer is a predominantly psychogenetic, somatic disease. This again means that psychic stimuli and psychogenetic alterations in the personality functions appear to be necessary factors in its total complicated genesis.

Without dwelling on the difficult philosophical mind-body problem or the no doubt insurmountable difference between somatic and psychological technique and semantics, I should like to mention some of the data which support the theory of a psychosomatic genesis in duodenal ulcer:

(i) All ulcer patients present certain similarities in respect to their pre-ulcerative psychiatric symptomatology and personality structure, features which are no doubt relevant to ulcer genesis.

(ii) All ulcer patients show a comparatively great conflict preparedness, present a long time before the ulcer disease becomes manifest.

(iii) The onset of peptic ulcer, its exacerbations and recurrences as well as the alterations in gastro-duodenal functions considered to be somatically relevant in the immediate genesis can be provoked by emotionally specific (catathymic) stress.

According to my findings, all ulcer patients are suffering from ' actual ' neuroses. This is a group of neuroses to which psycho-analysts have so far paid fairly little attention. However, these neurotic states are not only common but, like psychoneuroses, mainly of psychogenic origin.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

The most outstanding ' actual ' neurotic subgroups are anxiety neuroses, asthenic and dysphoric neuroses. An important feature is the pronounced conflictual background which is not elaborated into well-differentiated psychoneurotic symptoms. The ' actual ' neurotic states apparently always include a strain of apathy. As a result, the inhibition, especially negation of emotions and imagination in particular, will act as a marked blocking of further psychological development, sometimes possibly in order to prevent psychotic episodes. It seems extremely likely that this very inhibition of the fantasy filter is a decisive condition for the vegetative hyperstimulation which appears to be present in all psychosomatic syndromes.

In a previous study of 1956 I suggested that the collective term ' actual ' neuroses be altered to retention neuroses. In my opinion the defence aspects of the intrapsychic conflicts, which I have called retention mechanisms in these neurotic disorders, are on a more regressive level than the psychoneurotic defence mechanisms and on a more progressive level than the restitution mechanisms in psychoses. No doubt, however, differences of neutralization also play a rôle in differentiating between these three psychiatric main groups.

Dysphorias are of the utmost significance in patients who develop or who have developed peptic ulcer, or perhaps especially in gastrectomized ulcer patients. These depressive reactions are short-lived, but they may be of a profoundness which perhaps groups them among prepsychoses (borderline states). Temporarily the patients may feel despairing, helpless, and powerless. They may deny it or they may demonstrate it in a primitive, dramatic, or aggressive way, for instance in the form of suicidal attempts or criminal actions. It has been difficult at all times to set out criteria as to when a depressive state is to be called psychotic. In these cases, however, it is even more difficult, since the dysphoria is frequently combined with various forms of episodic addiction. Incidentally, these combined reactions are often the immediate reason why ulcer patients are admitted to a psychiatric department where, however, rapid remission as a rule occurs and they soon ask to be discharged. Thus, in their course, the dysphoric conditions differ in essence from endogenous depressions, and apparently manic-depressive psychoses or a predisposition to such psychoses seldom occur in ulcer patients. Moreover, duodenal ulcer is very seldom encountered in schizophrenics (2). And, as I said before, regular psychoneuroses occur seldom or not at all in ulcer patients.

Whether clinical similarities, among the patients themselves or as compared with controls, are interpreted as superficial or deep resemblances will depend of course upon the psychoanalytic insight into the dynamics and the genesis of the syndromes concerned. As far as I can see, the future contribution of psycho-analysis to the understanding of psychosomatic conditions must be essentially a deeper penetration into the retention neuroses and the nature of the associated neurotic character. But securing accurate clinical data at all times is of fundamental importance to psycho-analysis also.

All ulcer patients show, likewise before ulcer manifests itself, a striking uniformity of neurotic personality disturbances. Owing to the rigid attitude, among other things, these features are comparatively easy to describe clinically. The predominant traits have been summarized in terms such as dependent-independent, perfectionistic, expansion-inhibited. (A more detailed study and description of this type was published in my monograph of 1958.) We have a long way to go before the dynamic and genetic aspects of these personality disturbances can be described in any detail on the basis of purely psychoanalytic findings. However, according to psychoanalytic experience to date, these compulsive neurotics house serious sado-masochistic conflicts which are in themselves caused by multiple factors (cf., e.g., Brenner), in these cases as well as possibly in other sado-masochistic conditions. In ulcer patients, however, anal retentive mechanisms play a predominant rôle during further adaptation attempts. All ulcer patients have considerably increased intrapsychic tension, a severe ambivalence which has manifested itself definitely in early childhood in the form of disturbances of adaptation in their relation to parents and siblings. Such interpersonal conflicts often persist in a fairly fixed form. Later, they are apt to be transferred to many other interpersonal relations, including the psycho-analytic situation. In some cases the marked ambivalence is accompanied by more or less misanthropic attitudes and very often by violent emotional attachment to non-human objects (e.g. medicine, tobacco, alcohol). It is known also that the superego functions are greatly affected in all ulcer patients. This applies to the aggressive aspects as well as to the functions relating to the ego-ideal.

The frustration tolerance of ulcer patients and prospective ulcer patients is appreciably reduced. The bad luck by which they seem to be pursued is not merely their great dependence in itself and fear of it, but it is difficult for them to live out this dependence, to find a relatively conflict-free development and mature adaptation. Constantly these patients are oppressed—and often through unmistakable masochistic provocation—either by the threatened or actual loss of their emotional support, or else their increased narcissism is thwarted by actual impending failure in setting and attaining their goals.

Often, the catathymic nature of the psycho-provocations is fairly easy to disclose in ulcer patients, but of course this is not to say that their type or conflict situations are specific of ulcer disease as such.

In my opinion we can often talk about a specific psychogenesis but seldom or never about a specific psychosomatogenesis, in the ordinary strict sense of these words. The only particular psychiatric characteristic of ulcer patients, one which they no doubt share with other psychosomatic patients, is their pronounced sado-masochistic conflict preparedness, predominantly retained on a character level and difficult to discharge or to solve by intrapsychic or psychomotor means. Whether the disorder persists in the form of a purely neurotic retentive character or whether it develops into retention neurotic syndromes, prepsychoses, peptic ulcer, or other forms of psychosomatic diseases, generally depends also upon various psychic and-or somatic precipitating factors. Often the chance coincidence of some of these factors also possibly has a share in the total pathogenesis.

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SYMPOSIUM ON DISTURBANCES OF THE DIGESTIVE TRACT

V. PSYCHOSOMATIC DISORDERS, PSYCHOSIS, AND THERAPEUTIC ACCESSIBILITY[1]

By

BELA MITTELMANN, NEW YORK[2]

In this presentation four intertwining problems will be discussed, based on six peptic ulcer patients: (i) the specific dynamics of psychosomatic disorders; (ii) their relationship to psychosis; (iii) their psychophysiology; and (iv) the problem of therapeutic accessibility.

Both the specific psychodynamics of and the relationship between psychosomatic disorders and psychosis can often be constructed on the basis of dominant behaviour patterns and dreams. In other instances they are constructed on the basis of current reactions or memories, both emerging in the course of psycho-analytic treatment. A brief example of the latter kind will be given here. A 35-year-old physician did an excellent job as Second-in-Command of a military hospital. The old Commander was then replaced by a high-handed martinet, who cancelled most of my patient's orders, and caused confusion and uncertainty in the hospital. My patient was caught in the double conflict of letting down the whole staff by not standing up against the Commander and thus incurring their disapproval, or standing up against the Commander and risking his whole military position. In this dilemma he developed a peptic ulcer on the posterior wall of the duodenum. There was no flavour of psychosis in his emotional reaction at this point.

As a result of considerable analytic work, two dominant memories emerged from his childhood. One was seeing his sister two years younger being nursed by his mother, with the patient tugging at her skirt. The second, dating from the age of 5, was that a pet duck loved by the little boy and his sister was served up for dinner by the mother as a surprise. When the children found this out neither of them could eat. The first of these memories clearly indicates oral rejection and frustration of dependence needs; the second, danger of being devoured by hostile forces.

As regards psychotic reactions, in the course of the analysis transference reactions were so much in the foreground that in almost no hour could the material presented be worked up without first clarifying the transference reaction. After two and a half years of analysis the patient brought a dream that as he was sitting on the parapet of a tower a rat came and bit him in the testes. The patient was overtly disturbed emotionally, and if one omitted certain qualifying phrases he spoke in a practically paranoid delusional manner. He said, 'You send me my dreams.' Then he would correct it and say, 'Well, I don't mean that you send me my dreams, but you are causing them.' He would continue, 'You give me my anxiety.' Then he would correct it, 'I don't mean exactly that you give it to me, but that you are causing it.' The patient was asked to sit up and face the analyst. With appropriate interpretations, the near-psychotic reaction subsided in about two weeks' time, never to return in the course of the treatment. The castration fear in the dream is quite evident. Its oral component reminds one of the incident of the mother serving up the pet duck. The paranoid quality of the reaction goes with the concept of the bad devouring mother, the submission to her, and the fear of castration and homosexuality. Genetically the period of the conflict described falls into the period of a relatively archaic ego in which the differentiation between fantasy and reality is vague. I may add that the patient's ulcer symptom not only disappeared, but a follow-up ten years after termination of the four-year analysis reveals that it has never returned.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] Readers will be sorry to learn that Dr Mittelmann died suddenly in October, 1959.

Among five other ambulatory patients investigated with psycho-analysis or modified analysis, one patient, a married man, had an overt psychotic symptom, namely paranoia of jealousy towards his paramour. Two others showed a sensitiveness which could be considered as psychotic. No sign of psychosis could be detected in the remaining two. Specific psychodynamics revolving around dependence and compensatory masculine strivings could be considered central for four ulcer patients, but not for the other two.

The consideration of the psychophysiology of the illness leads to two important items, namely the somatic (constitutional) factor, and secondly, the great psychological and psychophysiological rôle of emotional reactions. In an experimental study on peptic ulcer with ' normal ' controls, I found that the so-called normals fell into two groups. In one group the stimulus of a brusque psychiatric interview with affects of anxiety, rage, or pleasure was accompanied by a rise in secretion of hydrochloric acid and pepsin. This was also found in ' gastric neurosis ' and peptic ulcer. In another group of the so-called normals, such a rise did not occur. If anything there was a lowering of both acidity and of pepsin. This difference seemed to depend on a constitutional factor. This factor may be the pepsinogen level in the blood—unknown at the time I made this investigation. It has been found by Mirsky and his associates that some individuals have a high blood pepsinogen level from infancy on throughout life. Others have a consistently lower level. Only those with high levels in statistically significant numbers develop peptic ulcers. There may well be a complimentary relationship between the specificity of conflict and the high pepsinogen level in that the high pepsinogen level may require a less acute or a less specific conflict to produce a peptic ulcer.

As regards the importance of affect, the most impressive changes in my experiments occurred during emotional reactions. This points the importance of analysing affects in the course of the patient's treatment. The archaic quality of affects, e.g. of anxiety or rage, consists first of their intensity, secondly of the co-existence of the two opposite qualities which are combined in the same individual. The affects are diffuse, that is, everything gets involved in the affect. Simultaneously they are concentrated on one individual who is blamed for the patient's plight. Further, there is the circular relationship between affects and fantasies. The patient's rage may result in diffuse fantasies of violence, e.g. jamming a rod down somebody's throat. These fantasies of violence then lead to fear of retribution also expressed in fantasies, e.g. of a rod being jammed down the patient's throat. This renews the initial rage and fantasy.

The conclusions suggested here as regards peptic ulcer apply to a greater or lesser degree to other psychosomatic conditions. In other words a significant number of patients fit the specific pictures, but some do not. The same applies to the question of the psychotic or neurotic nature of the fundamental conflict. According to general observation the incidence of psychosis is perhaps highest in ulcerative colitis. The somatic constitutional predisposition probably also applies to other psychosomatic disorders, but its nature is known so far in only two, namely peptic ulcer and the allergic condition. Lastly, as in the case of peptic ulcer, most patients respond well to elastically conducted psycho-analysis or psycho-analytically oriented psychotherapy.

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ON DRUG ADDICTION[1]

By

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Since 1905, when Freud drew attention to the constitutional intensification of oral erotism in men who have a marked desire for drinking and smoking, there have been many detailed contributions to the problem of drug addiction. Rado (32), Daniels (33), Benedek (5), Robbins (37), Fenichel (12) and others confirmed Freud's observations in stressing oral factors in addiction. The relation of drug addiction, particularly alcoholism, to latent homosexuality was investigated by Abraham (1), Freud (16), Ferenczi (13), Juliusburger (25), Tausk (44), Kielholz (26), Hartmann (22), Riggall (35), and many others.

Kielholz (26) and Simmel (42) connected narcissism with drug addiction, while Abraham (1) and later Simmel (43) recognized the importance of aggressive factors. This view was confirmed and developed by Edward Glover, who stressed the early aggressive drive and an early oedipal nuclear conflict in drug addiction (20) and related his findings to Melanie Klein's views on aggression and the early oedipal complex (28). There were also attempts to define drug addiction as a disease and understand its relation to other diseases, neuroses or psychoses. Freud (17), Rado (32), Simmel (43), Benedek (5), Weijl (45), and more recently Federn (10), have stressed the relation of drug addiction to mania or depression; others, like Edward Glover, have described the paranoid element. It is interesting that the more important and detailed psycho-analytic papers on the problem of drug addiction were written before 1939. One of the reasons for the scarcity of psycho-analytic contributions during the last twenty years may be the recognition that the treatment of drug addiction in psycho-analytic practice is a very difficult problem.

I suggest that the drug addict is a particularly difficult patient to manage because the analyst has not only to deal with a psychologically determined state but is confronted with the combination of a mental state and the intoxication and confusion caused by drugs. As a severely intoxicated patient is not accessible to analysis, an attempt has to be made from the beginning of the treatment, or when the drug addiction is diagnosed while the patient is under analysis, to get the severe drugging under control, and the patient has to accept either private nursing or residence in a nursing home or hospital. If the patient accepts the condition of control of the drugging, analysis can proceed. Nevertheless, excessive acting out, which can lead to crises in the treatment, occurs when the patient periodically breaks through the control. The control cannot be too severe and absolute because this would amount virtually to imprisonment of the patient, a situation which he would experience as punishment and not as help in his attempt to give up the drugs. The difficulties in treating these patients have been stressed by Bychowski (7) who in 1952 warned every therapeutic enthusiast against the treatment of any drug addict in private practice. He adds: ' This is possible only in exceptional cases and puts an extraordinary strain on the psychiatrist and the patient's environment.' Bychowski advises a very modified psycho-analytic technique in drug addiction and also refers to Knight (29) who from his experiences with chronic alcoholics emphasized that the so-called orthodox analytic technique is of no avail for these patients. He says: ' They cannot stand the passivity and the impersonal reserve of the analyst.' He is also impressed by the close relation between the personality of the alcoholic and the schizophrenic group. My own psycho-analytic investigation of drug addicts has been limited to a few patients, but I found it unnecessary to modify my usual psycho-analytic approach. As in my earlier experiences in investigating psychotic conditions, like schizophrenia and manic-depressive states, I feel that progress in understanding the specific psychopathology of drug addiction must come through the understanding of the transference neurosis or the transference psychosis, however difficult this may be, but not by giving up the psychoanalytic approach.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

In investigating drug addicts psychoanalytically I found that drug addiction is closely related to the manic-depressive illness, but not identical with it. The drug addict uses manic-depressive mechanisms which are reinforced by drugs and consequently altered by the drugging. The ego of the drug addict is weak and has not the strength to bear the pain of depression and easily resorts to manic mechanisms, but the manic reaction can only be achieved with the help of drugs, because some ego strength is necessary for the production of mania. One has also to consider the symbolic meaning of the drug, which is related to the unconscious phantasies attached to the drug and drugging and the pharmacotoxic effect which increases the omnipotence both of the impulses and of the mechanisms used.

As I mentioned before, the relation of mania and depression to drug addiction has been noticed by previous writers, but the detailed meaning of this relation has not been elaborated.

In this paper I shall first attempt to describe in some detail the depressive and manic mechanisms which I was able to observe in the drug addict and to relate them to the drugs and drugging.

The manic defences have their origin in earliest infancy, at a phase which Melanie Klein (27) has called the paranoid-schizoid position. They become modified later in the depressive position. For this reason the manic defences are related both to paranoid and depressive anxieties and mechanisms.

I shall first describe the manic mechanisms which are mainly used by the drug addict to control paranoid anxieties, such as idealization, identification with an ideal object, and the omnipotent control of the objects which may be part or whole objects. Under the dominance of these mechanisms all frustration, anxiety, particularly persecutory anxiety, is denied, and the bad aggressive part of the self is split off. The drug symbolizes an ideal object, which can be concretely incorporated, and the pharmacotoxic effect is used to reinforce the omnipotence of the mechanisms of denial and splitting. This can be clearly observed when the drug addict uses drugs to produce states of drowsiness leading to sleep. He is then blissfully hallucinating an ideal object and feels united or identified with it. He does not appear to regress to the state of satisfaction of the infant at the breast as Rado (32) suggested, but to a phase of infancy where the infant uses hallucinatory with-fulfilment phantasies in dealing with his anxieties. This state is closely related to the manic mechanisms and defences, the drug effect being used as an artificial physical aid in the production of the hallucination, in the same way as the infant uses his fingers or thumb as an aid to hallucinating the ideal breast. Thus the drug is used to help in the annihilation of any frustrating and persecuting object or situation. In addition to the use of drugs for strengthening the mechanisms of defence against persecutory anxieties, drugs and drugging are more directly related to persecutory anxieties and sadistic impulses. The drug is then felt to be a bad destructive substance, incorporation of which symbolizes an identification with bad destructive objects which are felt to be persecutory both to good objects and the good self. The pharmacotoxic effect is used to increase the omnipotent power of the destructive drive. When drugging occurs under the dominance of sadistic impulses the patient splits-off and denies his good self and his good internal objects and his concern for them. He is thus able to act out his destructive drives without any anxiety and concern but also without any control which implies that the controlling power of the internal object, his superego, has also been lost. The patient can now give himself up to an orgy of destruction which is directed against the external object but which also includes his internal objects and himself. This destructive drugging represents a severe danger to the patient and a great anxiety to his relatives. It is also a major difficulty in dealing with him analytically, because during such states all progress and insight is denied and seems to be lost. I would suggest that this omnipotent destructive drugging is also closely allied to mania. Abraham (3), Róheim (39), Weiss (47), Alexander (4), Eddison (9), Fenichel (12), Federn (10), Rochlin (38) and particularly Melanie Klein (28) have drawn attention to the importance of destructive impulses breaking through in mania. Melanie Klein (27) in 1940 suggested that the triumph in mania was related to destructive onmipotence, and in 1957 she defined the destructive omnipotent element in elation as primary oral envy, a view she illustrated by case material from a manic-depressive patient.

I have so far been discussing the relation of drug addiction and mania. I want now to add a note about its relation to depression. Rado emphasized the primary ‘ tense ’ depression as a basis for a need to take drugs. Simmel (41) suggested that the periods of hospitalization and withdrawal treatment in drug addiction were analogous to periodic depression in so far as the patient appeared to provoke the painful withdrawal treatment which to him had the meaning of masochistic self-punishment by excessive drugging. I would agree with the importance of Simmel’s point but would consider it as *only one* of the factors in the relation of depression to drug addiction. In my view, the essential factor of the relation of drug addiction to depression is the identification with an ill or dead object. The drug in such cases stands for such an object and the drugging implies a very concrete incorporation of this object. The pharmacotoxic effect is used to reinforce the reality both of the introjection of the object and of the identification with it.

I want finally to add a note about the relation of drug addiction to ego splitting. It has been pointed out by several writers, for example Federn (10), that the drug addict is unable to cope with pain and frustration. This is in my opinion not only due to the oral regression of the drug addict but to the excessive splitting of his ego and his objects which is bound up with the ego weakness. In the analytic transference situation it becomes apparent that excessive splitting of objects into idealized and denigrated ones plays an important part; simultaneously external objects are used extensively for the purpose of projecting into them split-off good and bad parts of the self. This splitting of the self drives the patient to behave both in his external life and in analysis as if he were two or more different people. This factor also contributes to his acting out excessively during psychoanalytic treatment. In addition the ego-splitting may lead on the one hand to attempts to control in an elaborate way the people into whom the patient has projected his self, but on the other hand the projective process has the effect of making the patient over-dependent on and oversensitive to the same people.

The above observations may throw some light on the behaviour and on the ego of the drug addict, but there is a further more direct link between drug addiction and ego splitting. The drug appears frequently as the symbol of the split-off bad part of the self, and drugging occurs when this bad self is projected into external objects or when the projected bad self is taken back into the ego. During the analysis it can be observed that the pharmacotoxic effect of the drug is used to increase the omnipotence of the mechanism of projection and the omnipotence of the destructive drives which are directed against the analysis and against the objects which are used for the projective process.

From the discussion so far, it seems clear that the drug addict is fixated at an early infantile phase which Melanie Klein (28) has called the paranoid-schizoid position, in spite of the fact that he has partially reached the depressive position. This I believe to be of fundamental importance for the understanding of drug addiction. It is particularly the ego of the drug addict and the defence mechanisms of the ego which have regressed to this early position. As far as the drug addict’s object relations and the libidinal levels of development are concerned the regression is not always so marked, except when there is a complete withdrawal from external objects in the drugged state. In the cases I have observed the hunger for external objects was still very marked, and while oral impulses seemed to play their part, the oedipal problems were often more in the foreground.

I shall now select a few points from the analysis of a woman patient who had been a barbiturate addict for ten years when she began treatment with me. From the history of the patient I only want to mention that she was breast-fed for a time, but as a baby she apparently never cried for her feed. She was an intense finger sucker and biter from early on. Many methods were used to rid her of this habit but they were unsuccessful. The patient turned to her father at an early age. She idealized him, admired his success and learning, and apparently he also was fond and proud of her. He developed severe asthma when the patient was about 17 and died six years later from this complaint. The patient looked after him devotedly and he talked to her for hours about the problems which preoccupied him at the time of his illness, particularly the conflict with his own brother. After the father’s death the patient was not unusually depressed, and as the mother, who had been very dependent on her husband, was shaken, the patient took charge of the situation and seemed to have been quite efficient. The patient had a sister three years older and a brother two years younger than herself, to whom she was very attached. This brother developed a severe depression after the father’s death, began drinking heavily, and finally committed suicide by taking an overdose of a sleeping drug. He left only one letter, which was addressed to my patient. This touched her very deeply. The first night after the brother’s death, the patient was given a sleeping pill and this seems to have started off the addiction, which gradually become very severe. As a consequence of the addiction, the patient often became emaciated and her mother put her into mental institutions many times for withdrawal treatment. Psychotherapy was attempted several times but it proved unsuccessful and it was given up because she became too hostile and persecuted.

When I first saw the patient in consultation, she was intoxicated and confused apparently through a mixture of hypnotic and exciting drugs, and she appeared both physically and mentally very ill. She had to be put into a nursing home for the control of the drugging and for her physical condition. It gradually emerged that she was keen to have psycho-analytic treatment. She felt persecuted by the psychiatric treatment including shock therapy which she had received previously, and she put all her hopes and idealizations into psycho-analysis. Her drug addiction was very complex and over-determined.

The psycho-analytic treatment revealed a strong identification with the brother who had committed suicide by taking drugs, but there was also a deep sense of union with him and the father, as idealized objects, which was experienced as an omnipotent sexual possessing of both of them, a phantasy which often led to compulsive drugging and sleeping. The drugging had here a manic and a depressive meaning: the identification with the dead brother and father implying a depressive reaction, while the omnipotent sexual union seemed to have a manic meaning, namely that of idealizing both the father and brother and denying the persecutory anxieties related to them. When these feelings attached themselves to the transference, these aspects could be seen in the following dream. In this dream she joined me in being sent to a concentration camp to be killed, but before death she had a very satisfactory sexual relation with me. For several days before this dream she had been feeling anxious and had dreams of men persecuting her. Following the dream of joining me in death, she went through a stage of acute anxiety, when she felt shut in and pursued by monsters. At times the anxiety was so severe that she complained of hallucinating these monsters during the daytime, and she wanted to drug herself to change the frightening situation back again into the pleasurable dream. As during this period she was prevented from using drugs, her persecutory anxieties were less split-off and denied and appeared almost simultaneously with the idealization. Drugging frequently had the meaning of omnipotently controlling the penis as an idealized part-object. She became sexually excited and anxious after taking sleeping drugs at night-time in the nursing home, which prevented her from sleeping so that she had to take more drugs to go to sleep. She then had dreams that her mouth was swelling up, leading to emissions in her mouth. The anxiety seemed due not only to sexual excitement but to a feeling of persecution because the drug symbolized the idealized penis. But as she felt she had bitten off the penis out of envy it soon became persecuting inside her, so that more drugs had to be taken to allay the persecution and reinforce the idealization of the omnipotently controlled penis. The drug was often experienced as representing an idealized internal breast. After a session where the analysis represented the good breast and the patient had reacted with anger and envy because she felt that the analyst controlled the analysis, standing for the good breast, she would stay in the nursing home when her session was due, take a sleeping pill and go to bed. In this way she repeated the early situation with her mother as a baby when she did not cry and sucked her fingers or went to sleep instead of feeding. The drugging also represented a reinforcement of her omnipotent destructive self because when she first became aware of her envy of my possessing the analysis as a good breast, she told me of her anxiety after seeing a film of Stevenson's *Dr Jekyll and Mr Hyde*. She felt identified with Jekyll who, through drugging, could turn himself completely into his bad self, the Mr Hyde. This division of herself into a good self and a hidden bad self, a 'Mr Hyde self', was of particular importance in relation to her father, whom consciously she had only loved and admired. For example, she had a thinly disguised transference dream where I, standing for her father, had a friendly daughter in her who worked hard for me in the garden, but there was also a hostile daughter of the same age who completely ignored me. The bad aggressive part of herself was related on the one hand to her intense jealousy which was mainly connected with the oedipal situation, and on the other hand to her extreme envy of women and particularly of men, the envy of both her brother and her father having been almost completely split-off and denied. This split-off envious part of herself became projected during the analysis into both women and men friends of her environment, which led to intense acting out. At such times she almost desperately tried to prove to me the reality of the bad envious characteristics of these friends, some of whom in fact were unselfishly attempting to help her. The brother and father had had a difficult relationship, and it had been apparent that the brother had not been able to deal with his own rivalry and envy of the father after the latter's death. The analysis revealed that the patient felt that she had split off her own envious aggressive relationship to the father on to the brother, who had to carry for her the bad part of her relation to her father while she managed to appear to the father only in a good light. It was this projection that led to such intense guilt feelings and a need to identify with her brother after the latter's death. This identification was in turn expressed by her need to drug herself immediately after the brother's death, the drug representing the dead brother, and her bad self, which she had projected into him and which she felt compelled to take back after the brother's death. Identification with the father and projection into him of a bad part of herself also played an important role, and I shall illustrate this by some case material from the seventeenth month of the patient's analysis. The material refers to four consecutive sessions, starting with a Thursday.

During this Thursday session I noticed that the patient had started to take more drugs, and she confirmed this. She made an attack on a woman friend more viciously than usual, trying to prove to me that this friend was full of envy and jealousy of her and me. She accused this friend, in addition, of not seeing her own envy and needing analysis from me. There were references to her father's illness. I tried to show her that she was denying her own envy and jealousy of me standing for the father and that she was projecting this envy and jealousy into her friend. This projection made her feel not only that her friend was envious and jealous, but also that she had attacked her friend and made her ill so that she needed treatment. Her friend seemed here to stand for the ill father. I also pointed out that she used her drug in this present situation to make herself and me believe that her friend was in reality bad. On Friday she said that she wanted to stop drugging and she realized that there was an impulse in her to destroy. She said: 'When I am drugging I can't understand your interpretations, because while I am drugging I am giving the drugs an omnipotent power to destroy.' She also admitted that she wanted to put all her own viciousness and envy into her friend and make out that her friend was the bad one and she was the good one. Here it seemed confirmed that I had become the good father and she had, by her drugging, omnipotently put her own bad destructive feelings against me into her friend, to make her the bad one. Over the weekend the patient felt depressed and lonely, but she stopped taking drugs. She saw her woman friend in the latter's flat, but on returning to her room in the nursing home she thought it was over-full and felt asphyxiated by all the rubbish in it —it seemed ' just full of old newspapers '. I pointed out to her that it was the taking back into herself of the bad self which she had previously projected into her friend which made her feel so asphyxiated, so small and full of rubbish like her room. She then complained of a bad headache, which had started during a dream. In the first part of the dream a man and the patient's woman friend were sitting in a bar. The patient herself was lying down on a couch. The man offered the patient a drink, saying to her: ' Here is a very nice new drink which you can have, but when you drink it you have to swallow what is at the bottom of it.' When the patient looked into the glass she saw on the bottom the phlegm of her own catarrhs and felt disgusted. In the second part a friendly aunt had sent her daughter, who has the same first name as the patient, to London for a throat operation. The patient knew it was cancer. The aunt told the patient in the dream that she herself had something wrong with her eyes which caused her to have a headache. She wanted to consult a specialist. At that moment the patient developed a severe headache in the dream and wanted to take a Disprin tablet, but when she tried to swallow it, it turned into her drug. In her associations the disgusting phlegm reminded her of her drug and the disgust she experienced when she met another drug addict in the nursing home. She related the aunt to her woman friend, who the day before had complained about the same trouble with her eyes. I was now able to show her that the nice new drink stood for the treatment which forced her to take back into herself her own problems, the phlegm of her catarrhs, which she had projected into her woman friend so often before but particularly again on Thursday. I showed her also that her own projected problems, the phlegm, representing her jealousy and envy, was identified with drugs and drugging. The identification of her projected problems with bodily substances like urine and faeces had become clear in the early part of the analysis. There was, in addition, out of a sense of guilt, a need to identify herself with her woman friend as the ill person which was shown by the headache, but instead of being able to find some relief by taking Disprin she experienced the identification as a punishment. This seemed to be the reason why the Disprin changed into her drug in the dream. The woman friend, during the whole week, appeared to represent mainly the ill father, whom she had attacked with her projections, but this became fully confirmed only in the next session. On Tuesday she said she felt sick with depression. She had become aware of a disturbing feeling in her throat. She wondered whether her tonsils should be taken out. She mentioned her many throat illnesses and catarrhs during her childhood. Suddenly she remembered that her father had had a throat operation at the beginning of his serious illness and he once took a large dose of Disprin to relieve his pain, but took so much that he developed a severe haemorrhage. The patient looked after him at that time but felt disgusted. She explained that she had despised her father during his illness, because he was so disturbed about the envy of his brother. Whenever her father talked about his brother an attack of asthma developed and the patient realized that the father could not cope with envy himself. I interpreted to her that she triumphed over her father because of his weakness in not being able to cope with envy which also implied to her that he was castrated. At the same time she used the weakness of the father to project into him her own envy and her inability to deal with it. Out of guilt she had to take back into herself the envy and jealousy which she had projected into her father, and out of guilt also she had to identify with the father's illness, his throat trouble, and his asphyxiation and his inability to see his problems, all of which in the dream was represented by the Disprin which turned into her drug. I was thus able to show to the patient how the transference situation and her acting out by her projecting into her woman friend related to the past. Her woman friend stood both for the despised ill father into whom she had projected her own bad envious self, while I had remained the good father representing the nice new drink. In the following sessions the patient reported that she felt very relieved through her having recognized and understood the identification with her ill father. She also felt more confident in being able to accept and to deal with that part of herself which she was constantly projecting, her envy and jealousy.

There is another point I would like to consider. One might wonder why the splitting and projection of the patient seemed predominantly to relate to the father and brother, and the envy of the penis, while there was evidence of the origin of her problems in early infancy in relation to the mother and the breast. One link was given in a dream where the patient was hiding a dish full of nice food in a place called ' daddy '. There were other suggestions that a great deal of the good and bad mother relationship had been put into the father relationship. After the analysis of the identification with the father the analysis turned predominantly to the relation with the mother.

The interrelationship of the patient's earliest experiences, phantasies and mechanisms and her later development was to some extent noticeable from the beginning of the treatment, but it came clearly into the open during such episodes, which the patient called her ' *crises* '. At such times the patient indulged in some kind of orgy of drinking and drugging which generally ended in her taking an overdose of a sleeping drug. I shall attempt to throw some light on the psychopathology of these crises and shall use case material from the sixth month of the analysis.

I have come to the conclusion that the crises formed part of a negative therapeutic reaction. Negative therapeutic reactions are a common occurrence in manic-depressive patients, and they are equally common or even more frequent during the treatment of drug addictions. Joan Riviere has described the relationship of the negative therapeutic reaction to mania, while Melanie Klein has added to our understanding of this reaction by relating it to envy, which is mobilized by some successful analytic work. Both these factors could be observed in analysing the patient's crises. The manic reaction seemed on the one hand to be produced by the patient's feeling that she had gained much from the analysis, but that she wanted to take it away from me to triumph over me; on the other hand she found herself overwhelmed by feelings of guilt and depression as the result of the deeper insight gained by the analytic work and therefore took flight into a manic reaction. But it was also clear that the progress in the analysis reduced the patient's tendency to split off a highly envious negative part of her personality, which came to the surface during the crises, overwhelmed the rest of her personality and caused the dangerous acting out. Once she had consumed either a great deal of alcohol or stimulating drugs, the destructive part of her personality became reinforced by the stimulants, as I have pointed out earlier. The positive part of her personality had no chance to control the situation once the crisis had started.

Before the first Christmas holidays, six months after the beginning of treatment, the patient felt so much better that she risked moving from the nursing home to the flat of her woman friend. During the Christmas holidays she suffered a great deal of anxiety and depression, but she managed to cope without taking more than the prescribed drugs. She began to feel very guilty after Christmas, having spent a lot of money on presents and on herself. She realized that the overspending was not only a denial of having very little money herself and wanting to show off and be popular, but it also implied a desire to rob her mother who was paying all her expenses. She became increasingly aware that a great deal of sexual excitement was linked with taking sleeping drugs at night. She began to feel guilty about holding on to her sleeping drugs and she realized that overspending and drugging both had the meaning of stealing from her mother, the drugs and the money symbolizing father's penis. She seriously thought of taking a step in the direction of health and normality by reducing her expenses; she also made up her mind to cut down the amount of sleeping drugs. The day following this decision she told me that she had tried to go to sleep on 1½ grains of sodium amytal, instead of 4½ grains, but she had stayed awake until after midnight and had been feeling lonely and miserable, longing to be with her mother, with whom she had been on bad terms most of the time. In returning from this particular interview she went home to the flat of her woman friend and found her unwell. Her friend asked her to help her and make some food for her, but the patient felt that she could not bear to stay with her ill friend, representing the robbed and damaged mother. She rang up a boy friend who went out with her. She first went to a pub with him, had four drinks and then went on with him to a party and spent most of the night drinking and taking both stimulating and soothing drugs. She came home to the flat late at night, took 9 grains of sodium amytal, and was found next morning by her woman friend in a comatose condition. A doctor was called in who sent her to a hospital to have her stomach washed out, because he could not rule out her having taken a large overdose. The patient spent twenty-four hours in the hospital and had to miss one of her interviews, but she appeared the following day for her usual session,[2] feeling very guilty about this episode but also furious about having been sent to the hospital. She particularly remembered waking up in hospital and feeling intensely humiliated to be without shoes. This related to an identification with the castrated brother. There had been an important incident in childhood, which she often talked about, where her father had punished her brother by taking away his shoes. She had felt intensely sorry for him and very angry with her father for humiliating him in such manner. She also told me that she felt very guilty because in the last interview before her drugging she had withheld a dream from me. In the dream her hands were made partially of diamonds and of gold. She felt thrilled at the idea that she was rich. She thought this did not only apply to money, but to being full of beautiful and interesting things. The dream expressed clearly that she felt that she had a lot of good things, which were part of her and belonged to her, but as in fact she had been overspending her mother's money and had also in fact received a great deal of help from her analysis, the dream represented both an inability to acknowledge what she had received from her mother and the analysis and a denial of her stealing; she did not have to receive or to steal anything from anyone because she had so many good and valuable things herself.

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[2] After this incident she returned to the nursing home.

However in her withholding of the dream from me the stealing was acted out, and she began to feel guilty about this after leaving me. On seeing her ill woman friend her guilt increased, but she denied concern and need for reparation and a manic reaction set in. Her ringing up a boy friend was consciously related to a desire to make her woman friend envious and to triumph over her. In this way she had attempted to project the envy coming to the surface in the analysis into her woman friend. As she confessed to me in the same hour that on her wedding night she told her husband that she had lost her sexual interest in him and belittled his potency, her withholding of the dream and the consequent drugging implied in part an acting out of her castrating wishes towards me, but it took some time to understand the complex nature of this crisis.

A few days later she had the following dream. It was morning, and she was going to bathe in the sea. The weather was very nice and she was preparing to take the plunge, but at the last moment she suddenly decided that she wanted to go to sleep and so she took some drugs. In her dream she went into a drugged sleep, in which she had another dream. There she dreamt that she had not needed to take any drugs to go to sleep and that she was very pleased with herself that she was well enough to go back to her home town, cured of her addiction. In the dream she said: ' Now I am no longer in need of Dr Rosenfeld to give me analysis, there is another doctor at home who can give me treatment.' Her associations closely linked up with the manifest content of the dream. Her trying to take the plunge into the sea implied a recognition of the opportunity which the treatment gave her to take the plunge and start her life again, which had been completely spoilt by her drug addiction, but just at the moment when she was ready to do so, she decided against going forward and returned to her drugged sleep. In the manifest dream the purpose of the drugged sleep is to create the illusion of being cured of the drugging, so that she could be independent of her analysis. I am suggesting that the dream illustrates that aspect of the patient's negative therapeutic reaction which was due to envy being mobilized by the analysis as a result of her having experienced some improvement. The envious feelings prevented her acknowledgement of her increased need and greed for what the analysis has to offer. The drug is used by her omnipotently to hallucinate sleep and a state of being cured, representing an omnipotently created internal breast which makes her independent of the analyst standing for the real mother and her breast.

This analytic experience is a repetition of the very early situation when as a baby the patient felt hungry and in need of her mother but refused to cry and turned away from the mother and breast to her fingers which she sucked until she went to sleep.

Earlier in the paper I have related the early infantile experiences of the baby in turning to the thumb to hallucinatory wish-fulfilment and mania. I want to add that early envy of the breast plays an important role in the early turning away from the breast to the thumb which is an important factor in the predisposition to drug addiction.

On the surface the crisis seemed to have been produced by the patient's envious castrating wishes being stirred up by the father transference, but I have come to the conclusion that even at those times when the acting out predominantly expressed the negative father or brother transference, the early aggressive impulses against the mother and her breast had been mobilized in the transference.

The analysis was prematurely interrupted after twenty-two months against the patient's conscious and unconscious wishes by the patient's family. As I mentioned before, the relation to the mother and the breast had by then appeared more openly in the analysis. At times her addiction to drugs had changed into an addiction to food, for example a compulsion to eat oranges.

It is interesting that analysts from early on have been perceptive in looking for the main psychopathological basis of drug addiction in orality and the very early sadistic impulses, which they related to the progressive defusion of instincts.

This view is largely confirmed by this investigation, which stresses not only the importance of manic depressive mechanisms, but the importance of the early splitting of the ego in addiction.

Summary

It is suggested in this paper that drug addiction is closely related to the manic-depressive illness, but not identical with it. The drug addict uses certain manic and depressive mechanisms which are reinforced and consequently altered by the drugs. The drug has both a symbolic meaning which relates to the unconscious phantasies attached to it and the drugging and also a pharmacotoxic effect which increases the omnipotence of the mechanisms used and the omnipotence of the impulses.

The use of the mechanisms of idealization, identification with ideal objects, and denial of persecutory and depressive anxieties is related to a positive or defensive aspect of mania.

The destructive phases in drug addiction are closely allied to the destructive aspect of mania. Drugging often has a depressive meaning also, the drug symbolizing a dead or ill object which the patient feels compelled to incorporate out of guilt. An important part in drug addiction is played by the mechanisms of ego splitting and projection of good and particularly bad parts of the self, mechanisms which are more pronounced than in the manic-depressive states. The bad part of the patient's personality often becomes identified with a drug and during the drugged state is projected into objects in the environment which often leads to severe acting out. Drugging also occurs when the bad self is taken back into the ego. I am suggesting that the weakness of the addict's ego is related to the severity of the process of ego splitting and that the prognosis of the psycho-analytic treatment of a drug addict depends on the extent to which the analysis is able to help the patient to integrate the split-off parts of the self, a process which implies a strengthening of the patient's ego.

Crises of severe drugging may occur when the analysis is making progress and the splitting of the ego diminishes, which leads to aggressive acting out. This reaction may be regarded as a negative therapeutic reaction.

On the surface the oedipal conflict and homosexuality play an important part in the psychopathology of the drug addict, but during analysis it becomes apparent that the overwhelming force of his conflicts can only be understood by examining their basis in the very earliest conflicts and mechanisms of the infant.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

1. INTRODUCTION[1]

By

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There are few problems more challenging than the subject of today's symposium. Depression, like anxiety, is a subjective experience integral to human development and the mastery of conflict, frustration, disappointment, and loss. At the same time, however, depression, again like anxiety, is not only to be regarded as an affective experience of general psychological significance. It is also the main presenting symptom of a regressive clinical syndrome, as severe, characteristic, and well defined as any to be found in the whole field of clinical psychiatry. This illness, moreover, because of its frequent occurrence in patients with a positive family history and its common association with specific periods of biological significance, poses crucial problems as to the relation between psychogenic, environmental, and constitutional factors in the development and structure of mental illness.

To most of you my point of departure must be familiar. Abraham, pioneer in this field, emphasized the role of constitutional factors in respect to depressive illness. He also indicated the general significance of depression as a symptom which might be compared and contrasted with anxiety. 'The affect of depression,' he said in 1911, 'is as widely spread among all forms of neuroses as is that of anxiety. Anxiety and depression are related to each other in the same way as fear and grief. We fear a coming evil; we grieve over one that has occurred.' Certain aspects of recent psycho-analytic theory might be epitomized by comparing the following statement from Edward Bibring's 1953 paper, 'The Mechanism of Depression.' 'Anxiety and depression represent diametrically opposed basic ego responses. Anxiety as a reaction to danger indicates the ego's desire to survive. The ego challenged by the danger mobilizes the signal of anxiety and prepares for fight or flight. In depression, the opposite takes place; the ego is paralysed because it finds itself incapable to meet the danger.'

The key word, of course, in this more recent formulation is 'ego'. Freud's initial concept of anxiety maintained a theoretical distinction between fear and anxiety which delayed recognition of the role of anxiety as the stimulus for adaptive defences. While his later formulations enriched our understanding of the central role of anxiety in psychic development, difficult problems remained for the theoretical understanding of pathological anxiety states. Parallel and related considerations apply to the differentiation between depression as a general affective experience and depressive illness as a complex regressive syndrome. Abraham, for example, suggested that depression, like anxiety, might be attributable to repression. 'We can distinguish,' he said, 'between the affect of sadness or grief and neurotic depression, the latter being unconsciously motivated and a consequence of repression.' Bibring's concept of depression as a basic ego response, though in some respects controversial, emphasized the crucial importance of depression as an affect integral to psychic life. At the same time, however, this general concept of depression does not answer many questions relevant to the structure and meaning of pathological depression, and in particular depressive illness.

While, however, our concepts of anxiety and depression as affects of general psychological significance have thus changed with the development of ego psychology, Abraham's original formulations with regard to depressive illness appear to have become more rather than less compatible with the general body of psycho-analytic knowledge over the passage of time. In particular, the importance he attached to object relations, aggression, and the mastery of ambivalence, have been confirmed by psycho-analysts of every school of thought. In both his 1911 paper and in his more extensive 1924 monograph, moreover, Abraham approached the developmental, theoretical interpretation of depressive illness via a detailed and perceptive understanding of its clinical phenomenology. Beyond any reasonable question, finally, the patients whose psychopathology he discussed were definitely depressed. Subsequent psycho-analytic discussions of depression have in contrast frequently been obscured by two factors: first, failure to distinguish clearly between depression as a symptom which may arise in the widest variety of clinical conditions ranging from normal grief to overt schizophrenic disorder, and depressive illness as a specific psychiatric syndrome; and, second, emphasis on infantile precursors to the relative neglect of definitive adult psychopathology.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

The relation of early experience to adult pathology is of course a crucial problem for the psycho-analytic understanding of mental illness. The continued activity of primitive unresolved conflicts in adult mental disorder remains a fundamental corollary to the dynamic approach to mental life. A number of psycho-analytic formulations have thus focused primarily on suggested similarities between adult symptomatology and reconstructed early experiences. Freud's proposals concerning the nature of major hysterical attacks and Rank's theory of the birth trauma are classical examples of this type of psycho-analytic reconstruction. The primitive archaic features of overt depressive illness lend themselves to a similar approach. Abraham, Rado, Klein, Jacobson, and others have accordingly attempted to understand adult depression by reconstruction of its infantile prototype. Abraham suggested the hypothesis, subsequently elaborated and expanded by Jacobson, that disappointment at the oedipal level reinforced or regressively revived unresolved pregenital conflicts, leading to repetitive depressive responses to subsequent disappointment and loss. Rado made analogies between the infant's nursing experiences and the depressed ego's attitude towards its own superego.

The most far-reaching analogies between adult depressive illness and early developmental phases have been proposed by Mrs Klein and the English school. A universal infantile depressive position has been postulated, the general characteristics of which determine depressive responses in adult life. The primary importance attached to early object relations in this context converges in certain respects with contemporary hypotheses put forward by psycho-analysts of very different orientation. There is thus considerable consensus as to the relevance of early experience to the predisposition of depression. A crucial question, however, concerns the degree to which regressive symptomatology in adult life represents a direct repetition of the original developmental process. Mrs Klein, although she has explicitly stated that her hypothesis does not imply overt clinical depression in infancy, clearly suggests that the unconscious struggles and fantasies characteristic of the infant's mental life are revived in the dreams, fantasies and affective experiences of the adult depressive patient. Similarities between adult depressive illness and early responses to real or threatened object loss are also integral to the otherwise very different reconstructions proposed by Abraham, Jacobson, Rado, and Spitz. The common premise, in short, underlying these theories, is that adult depressive illness closely resembles an infantile prototype.

Stimulating and important though such reconstructive efforts may be, they tend to raise questions similar to those aroused by Rank's theory of the birth trauma as the definitive explanation of pathological anxiety. While in this context recent work, in particular that of Dr Phyllis Greenacre, confirms the potential pathogenic implications of birth and the early post-natal period, a crucial distinction has been proposed between infantile experiences leading to predisposition and understanding of the specific content or meaning of a definitive clinical syndrome in adult life. A similar orientation in current analytic approaches to the problem of depression concerns the relation between infantile problems in establishing and maintaining satisfactory object relations and overt depressive illness in adult life. In contrast, however, to those who stress infantile prototypes of adult depression, Bowlby, Rank, Mahler, Rochlin, and others emphasize the significance of early disturbances as potential factors in developmental failure, often leading to poor object relations and lack of capacity for sadness and grief. Rochlin, in addition, doubts the capacity of the infant and young child to develop genuine depression and suggests that depressive illness can only develop in a relatively mature individual. Others, although they do not take such an extreme view, nevertheless emphasize the primary importance of early experience in determining ego development and the capacity for genuine object relations. While traumatic experiences in this area may be integrally related to the predisposition to depressive illness, this does not necessarily imply that adult depression is to be regarded as the direct repetition of early experience.

Freud himself was of course explicit in his recognition that however close the dynamic similarities between early pregenital conflicts and their regressive revival in adult illness, specific content is inevitably determined by the level from which regression has taken place. The importance, moreover, of certain life situations in respect to the emergence of psychic illness has always been recognized. In general, however, the psycho-analytic developmental hypothesis has been interpreted until very recently to imply, first, that adult symptomatology directly repeats infantile experience, and second, that psychic development is in many respects complete by the beginning of the latency period. Rochlin's suggestion, however controversial, that true depressive illness can only develop in relative maturity, suggests an expansion of the developmental hypothesis implicit in much recent analytic writing and research. Widespread recognition of the importance of adolescence as a developmental phase may be cited as the classical example of this expansion of the developmental hypothesis. Dr Grete Bibring and her colleagues are at present investigating childbirth as a normal developmental crisis. Dr Therese Benedek has proposed a similar hypothesis not only in respect to childbirth, but also in relation to the menopause. Dr Kurt Eissler has investigated patients faced with imminent death, and the very word ‘ geriatrics ’ indicates increased interest in the problems of old age. The most ambitious and far-reaching suggestions in this area have been formulated by Dr Erik Erikson in a number of stimulating contributions which delineate a series of developmental stages. His concepts finally have been incorporated in recent metapsychological proposals formulated by Drs David Rapaport and Merton Gill, in which the adaptive hypothesis is for the first time defined as a metapsychological assumption.

Freud's definitive formulations on anxiety clearly foreshadowed this expansion of the developmental hypothesis. ‘ Each situation of danger,’ he said, ‘ corresponds to a particular period of life or developmental phase of the mental apparatus and appears to be justifiable to it.’ With the development of ego psychology and the related increased recognition of the ego's adaptive functions initiated by Hartmann's important work, the developmental hypothesis has expanded in two ways. First, by the introduction of a developmental approach to the ego itself; second, by recognition of the fact that not only childhood, but the whole life cycle, must be understood in a developmental context. The special relevance of this developmental approach to the theory of depressive illness should be recognized. From the outset psycho-analysts have recognized the importance of both innate constitutional and biological factors in the development of depressive illness, the relative frequency of which in adolescence, after childbirth, and in the involutional period must be explained. The role, moreover, of precipitating external events of obvious time-related significance; graduation, retirement, separation, and object loss, points to the importance of environmental factors. This expansion of the developmental hypothesis may facilitate understanding of the frustrations and challenges characteristic of different periods of life. It must, however, be emphasized that such an approach does not imply diminished emphasis on the crucial importance of the earliest years. Erikson's concept of basic trust, for example, should be cited in this context as only one example of the increased importance attached to the early mother-child relationship in our current analytic contributions. A new dimension, rather, has been added, at least implicitly—time: in addition to asking why an individual develops depressive illness, which may well be determined in the early years, we should now ask, in a developmental context, an additional question: when? At what period of life and under what circumstances has a depressive illness developed? In this way we may be able to understand how both dynamic and economic changes related to biological factors and events in the external world which influence object relations may determine the genesis, development, and resolution of depressive illness.

A central problem in the elucidation of these developmental phases concerns the structure and function of the ego. Freud thus proposed a dualistic theory to distinguish between primary anxiety or a traumatic situation in which the ego is helpless, and secondary or ‘ signal ’ anxiety as the response of a relatively mature ego to an internal danger. On the one hand expansion of the developmental approach requires elucidation of the specific internal dangers characteristic of different periods of life. On the other hand a qualitative differentiation is here implied between anxiety which acts primarily as the stimulus for defensive adaptive efforts, and anxiety in which the ego either because of immaturity or because of regressive modification is flooded by stimuli it cannot master. The relevance of the latter to Edward Bibring's ego-psychological approach to depression is highly significant. It is, however, essential to make a distinction between the total helplessness implied by Freud's definition of a traumatic situation and the relative helplessness implicit in Bibring's conception of loss of self-esteem, which may indeed be fruitfully compared with Freud's signal theory of anxiety.

Discussions of clinical anxiety have attempted to elucidate the complicated interrelationship between the two kinds of anxiety postulated by Freud. The fact that, as Max Schur has suggested, the ego itself may under certain conditions regress in the face of internal danger, is of decisive importance in determining both the quantity and the quality of anxiety. A differentiation may thus be proposed between anxiety which essentially retains its signal functions without significant regressive modification of the ego, and more pathological anxiety in which such modification takes place. An ego-psychological approach to depression facilitates a similar differentiation within a unified conceptual framework, between normal or neurotic depression and overt depressive illness. In so far as, it may be suggested, clinical depression is confined to a sense of inadequacy and transient loss of self-esteem, we are dealing with a symptom within the range of normal or neurotic experience. Depressive illness, however, like incapacitating anxiety states, involves more complex regressive changes. It is not only that the ego suffers a loss of self-esteem but also that this experience initiates far-reaching changes within the psychic apparatus as a whole. The ego, in short, of the seriously depressed patient has undergone qualitative regressive alterations with associated intrapsychic changes of a widespread nature. The relation, however, between regression as a loss of mature ego functions with the emergence of primitive archaic mechanisms—in both anxiety and depression—and the original process of development and maturation remains an area of considerable obscurity and controversy.

The changes themselves are, however, less controversial than their relation to infantile precursors. There are indeed broad areas of agreement in respect to the dynamic, economic, and structural characteristics, both of the predisposed individual and of depressive illness itself. The specific vulnerability, for example, of the depression-prone individual to disappointment, frustration, and loss is generally recognized. Rado, in his classical paper, described characteristics which resemble in all essentials those which Nacht underlines today. These general predisposing characteristics have been described in different terms according to the theoretical position of different contributors. The need, however, for unqualified love, i.e. narcissistic supplies, and the relation of this need to unmastered aggression is generally accepted as an indication of the importance of insecure, ambivalent object relations as a predisposing cause of serious depressive responses to loss and frustration. There remains, of course, a wide range of theoretical approach to the nature and significance of the aggressive instinct. The crucial importance of unmastered aggression in the theory of depressive illness may, however, be summarized by comparing once more a statement from Abraham's original description with Bibring's more recent formulation. 'In every one of these cases,' said Abraham, 'it could be discovered that the disease proceeded from an attitude of hate, paralysing the patient's capacity to love. . . . The pronounced feelings of inadequacy from which such patients suffer arise from this discomforting perception.' 'The blow to self-esteem,' said Bibring, 'is due to the unexpected awareness of the existence of latent aggressive tendencies within the self, with all the consequences involved.'

Both Freud and Abraham recognized that the withdrawal from the outside world and real objects characteristic of depressive illness involves complex internalizations as a result of which the depressed patient's unmastered aggression is directed against his own ego by a hostile, recriminative superego. There is also an ego identification with the negative devaluated aspects of the lost object. While these original constructions retain a high degree of validity, subsequent writers have differed both in their formulations of the mechanisms involved and in their reconstructions of the developmental process, with particular reference to the origin and structure of the superego. Some have stressed in this connexion the significance of identification as an ego-superego mechanism. Others, like Abraham and Klein, emphasize the mode of instinctual activity, in particular oral incorporation and the related mechanism of introjection. As Rapaport, in a so far unpublished paper on the superego, has indicated, the relation between these internalizing processes remains difficult and obscure. That they are crucial for depression and that regressive modification of both ego and superego result is, on the whole, generally accepted.

Related, however, to this difficult and obscure area is the whole problem of the regressive implications of depressive illness. There is first of all the need to differentiate between characteristics of the predisposed individual which suggest developmental failure and significant regression during the course of illness. It is here that current psycho-analysis appears to differ most widely from the early formulations to which we should in these closing remarks return. In emphasizing both its oral and its anal significance, Abraham focused primarily on an attempt to understand the symptomatology of depressive illness in terms of its unconscious content or meaning. No one who has treated a seriously depressed patient can fail to confirm the validity of his observations. Whereas, however, Abraham regarded depressive illness primarily as the result of instinctual regression to a level of pregenital fantasy, we would tend today to focus primarily on the regressive modifications of both ego and superego which facilitate the emergence of primitive and archaic fantasy. While the vulnerability of the individual ego may be largely determined by the experiences of early developmental failings, this by no means implies that instinctual regression is the primary determining factor for depressive illness.

The current relevance, to which I referred in my opening remarks, of Abraham's comparison of depression and anxiety suggests that in certain respects psycho-analytic theory has come the full orbit—back to its original point of departure. The orbit itself, however, must now be approached from a new and different angle. Depression, like anxiety, is integral to human development and experience. While anxiety may be defined as the ego response to a disaster which threatens, depression represents its response to one which has materialized. Both responses range from a mild signal to a devastating pathological syndrome. The ego itself is regressively changed as the signal fails to elicit adaptive responses. Predisposition to manifest depressive illness is probably determined at an early stage of ego development. Failure to establish and to maintain positive ego identifications based on good object relations, however determined and however conceptualized, substantially impairs both ego and superego development. The related ambivalence and unmastered aggression render the individual vulnerable to disappointment and frustration in adult life. Analytic theories concerning the relation between specific fantasies, experiences, and affects characteristic of early developmental phases to adult symptomatology are widely divergent. The differences of opinion, however, and the differences of terminology which will probably be illustrated in our discussion today, should not blind us to the very substantial areas of essential agreement as to the dynamic, structural, and economic significance of depressive illness itself. Expansion of the developmental hypothesis may lead to increased understanding of the depressive potentialities of succeeding stages of the life cycle. The fundamental blueprints, however, for the psycho-analytic understanding of depressive illness were drawn with amazing accuracy in the classical papers on this subject written by Freud and by Abraham.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

II. DEPRESSIVE STATES[1]

By

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The study of depressive states leads the psycho-analyst to the centre of the fundamental drama that troubles the heart of man, for man is possessed by two apparently equal and contradictory powers, pulling him in opposite directions. Yet sometimes these forces may be intimately blended and linked together, and even, occasionally, replace each other. Thus man is moved by an imperious need to love, to create and construct, and by an opposing and equally tyrannical desire to hate and to destroy.

It may happen that these forces are turned in favour of, or against, the individual himself: the man who hates may unconsciously adopt self-destructive behaviour; if, accepting himself, he becomes open to a more positive attitude, he will select a more beneficent type of behaviour. Love, as we know, often turns into its opposite, hatred; and we also know that when this hatred can find no outlet in the external world it is capable of more or less overwhelming man's inner world. It is this ' more or less ' which defines the various depressive states, from the ' little ' neurotic depression to the delirious states of melancholia.

Definition and Clinical Data

For this reason we shall not attempt any further distinction between the various depressive states that have already been more or less satisfactorily classified, both clinically and by tradition. But to eliminate any ambiguity of terminology about our central theme, we shall call the patient in a state of depression *depressed*, and the patient exposed or liable to states of depression, *depressive:* and we define depression as *a pathological state of conscious psychic suffering and guilt, accompanied by a marked reduction in the sense of personal values, and a diminution of mental, psycho-motor, and even organic activity, unrelated to actual deficiency.*

We should point out at once that this descriptive definition makes it impossible to accept, without reservations, terms such as ' depressive position' and 'anaclitic depression' as employed by M. Klein and R. Spitz respectively, to cover facts which we agree are important, but which we should have preferred to see described in more original terms, to avoid the confusion of concept which inevitably follows a confusion of terminology.[2]

But we can find important variations of degree within the framework of the clinical definition we have given. The depressive state may be more or less intense, sometimes it is even only *latent.* Sometimes mental operations are impaired, slowed down, or obscured; at others they are almost intact; sometimes the state is dominated by sadness and guilt, sometimes by a sense of emptiness and annihilation. Sometimes the patient listens to us, sometimes he does not, and so on. . . . Psycho-analytic concepts must take these clinical differences into account.

In this study we shall therefore be guided by the belief that there is a *fundamental unity* underlying these dynamic states, despite their apparent diversity. We shall study successively the *constant* and then the *variable* factors. They are to be found not only amongst the mechanisms instituting the depression, but also at the dynamic and economic levels common to the depressive state, and finally, at the level of the depressive personality itself. Such is the plan we propose to follow. Let us begin with a study of some of the constants.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] We note, in fact, that the depressive position is described by M. Klein as a *normal* phase in infantile evolution: elsewhere, E. Spitz is careful to avoid any confusion between the very special syndrome of anaclitic depression and the depressions found in the adult. This has been recently stressed by Rochlin (57a) who considers that clinical depression due to the activity of the superego does not exist in childhood. He describes the disordered states in childhood attributable to the loss of the object as the *loss complex* (although in our view it would be better to use the terms ' syndrome of object deficiency or loss '). He shows the important part played by the possibilities of identification. We shall have ample opportunity of reverting to this phenomenon, which is the key to the depressive states.

First of all we shall describe a case which forms the clinical basis of our observations.

Case History

The following case is not the complete record of a psycho-analytic treatment. We have only time to describe certain particularly characteristic traits in the biography of a patient and of her treatment. We felt it would be valuable even in this abridged form because, firstly, it is rare for a psycho-analyst to have the opportunity of treating a case such as this, which might legitimately be diagnosed as manic-depressive psychosis; and secondly, because this case demonstrates, in a way that can be more easily verified than elsewhere, how closely the oedipal and pre-oedipal elements are articulated and intimately commingled. The binary pre-oedipal mother-child relationship appeared, however, to be the most disturbed element in our patient's case, and to have formed the principal pathological element in her personality structure.

The treatment we shall discuss was undertaken during the end phase of the third crisis of depression in the patient's life; crises which had always been accompanied not only by threats of suicide, but by attempted suicide. However, whereas the two preceding crises had been of purely depressive character, the one we were to observe displayed the initial symptoms of maniacal excitation.

The history of the patient is as follows: at this period she was a young woman in her thirties, mother of several children, and herself the youngest of a family of several children. Her relationship to her mother had been particularly bad: this mother, an amazing and probably neurotic character, neglected her home, her children and her husband as much, it seemed, through neurosis as through any inherent incapacity. Her father, for his part, seemed to have been equally frustrating, with his weak personality tending naturally towards a ' laissez-faire ' attitude—and, for the rest, seeking and finding compensatory satisfactions outside the home.

Into this affective climate, in which all the needs of love, whether from the paternal or maternal side, remained unsatisfied, and where there brooded, disguised and repressed, an atmosphere of hatred and suspicion, there appeared one day Mlle X, the nursery governess. At this time the child was between 5 and 6 years old; and whereas the mother was effectively absent from the home, and the father non-existent, the governess soon showed that she was very much there. She gave orders, insisted and, above all, punished. The punishment was, incidentally, always the same: sticking pins into the patient's buttocks. As soon as she was old enough to have lessons, for instance, the child would recite them, seated, while the governess, standing behind her (like the analyst, later!) would punish faults and badly-learnt lessons by sharp pricks with the pins.

Thus a sado-masochistic relationship (to become, later, in a different context, sado-anal) began to replace that other earlier unconscious sado-masochistic relationship, born of a disappointed need for love, and experienced by the child solely on the level of fantasy, because of its burden of guilt. This was now to take shape and be experienced in reality in the relationship to the governess. Such a sado-masochistic relationship could not fail to weigh heavily on the child's development and lead inevitably to moral masochism. This intensely erotized relationship was to reappear later in the guise of perverse sexual relationships when she had become a woman. Further there were to be unexpected repercussions of the Oedipus conflict when she reached the age of 16. Her music teacher—her mother's lover, as she well knew—was not content until she, too, became his mistress.

From then on there was a strong reaction of guilt. Her general behaviour was completely changed: until then a good pupil, she was now expelled from school for indiscipline, bad work, and even for stealing from the library. She also began to steal from shops. In short, she did all that was necessary to attract attention and get punished at all costs.

It was at this time that she met the man she was later to marry. A sado-masochistic relationship, at first moral, then perverse, on the lines of that inspired by the governess, was quickly established between them. This was all the more easy in that the husband also proved to be authoritarian, exacting, and severe, as she had been.

We now reach the main subject of our report: the successive crises of depression, the first of which occurred after the birth of the first child. Conjugal life, and particularly maternity, had revived the basic conflict with overwhelming force: the young woman could neither accept herself as similar to the image she had formed of her mother, with whom she refused to identify, nor as different from her, since she could not reject her. The conflict was, as it were, crystallized in the mother's frequent and rather banal witticism, which the daughter could never forget: ' I feel as if I were a hen which had hatched a duck's egg! '

The most important problem of identification (with its other aspects of introjection and incorporation) could only be resolved by the patient through the depressive ' accident '. During the depressive crisis she would become the child she had once been and at the same time rediscover in her the mother formerly so much detested. But she could now, at last, express all her hatred towards her and unconsciously maltreat her as she wished: the idea of suicide and her delirium of self-accusation had no other basis of existence, as we shall see later.

One of these depressive crises occurred during treatment. We shall show later how certain facts could only be understood in the light of analysis.

The treatment began at the end of a depressive phase: the idea of suicide had faded away, together with the state of sadness and ' moral suffering '. So the young woman had been able to leave the clinic to which she had been sent, return home, and even, later, attend regularly for her psycho-analytic treatment. There was still some slight slowing down of the train of thought, but this did not appear to hamper the work of analysis. It was, however, this persistent symptom which was later to prove a formidable obstacle to the progress of the treatment. For a relationship in many ways analogous to that with the governess very soon, if not immediately, established itself on the place of transference between analyst and patient: for instance, she expressed herself slowly, painfully, in snatches—a fairly frequent anal-sadistic behaviour. This behaviour, motivated by forces lying deep in the unconscious, became at surface level—or shall we say, at a more nearly conscious level—a mode of speech which now expressed towards the analyst certain characteristic traits of the former relationship to the governess: she ' kept him waiting ', searching for words and stumbling over them, just as she used to recite her lessons to the governess, trying above all to provoke her, or more exactly, to provoke the stimulating pinpricks which were manifestly erotized.

As she became successively more conscious of the significance of this form of speech, and was able to integrate it, her relationship to the analyst became more flexible, and the slowing down of the train of thought, such a disturbing symptom in melancholia, disappeared.

From then on the analytic work became much easier, and a transference relationship of a new type was set up, which portrayed the timid, hopeless attempts of the little girl, in former times, to attract the attention and love of a father who was seldom present and always inattentive. The failure of these attempts had always been bitterly resented, but had not been of a decisive nature. Soon it was the turn of the mother-child relationship to take the stage all the more violently in that even the frustrations experienced with the father were blamed on the mother, who was held, in the unconscious, to be responsible. Thus, even the oedipal frustration itself was derived from the initial, basic disappointment, which seems to have been the decisive factor: the disappointment inflicted by a mother, affectively a nonentity, a whimsical being from whom everything was expected but who gave nothing. Thus the child's immense need for love, when disappointed, gave place to an equally intense hatred, creating a bond which was as toxic as it was indissoluble.

The work of liquidating and integrating this basic relationship went on in an apparently satisfactory manner. The patient succeeded in making the analyst both the consenting witness and the object of a new manner of exchange which she had hitherto never experienced: her whole attitude became positive, beneficent, and ceased to be brusquely aggressive and destructive (coupled with extreme anxiety due to the guilt feelings created) as it had for so long been. At this point the remainder of the depressive state disappeared. For the first time in her life the young woman could recognize herself in herself, without having to struggle against the need either to resemble her mother or to flee in the opposite direction. She was freely and fully herself, indulging in the manifold activities that interested her, or simply amused her, something she had never done before.

However, in spite of all technical precautions, the sudden liberation of an image cathected with so much aggression, and hence guilt-laden, was more than this patient's ego was capable of accepting. And little by little we perceived that a state of sub-maniacal excitation was setting in. What had been at first an acceptance of liberation became now an almost unendurable triumph. The mother image was not so much abandoned as trampled under foot. It was highly unfortunate that during this period the patient was unable to see her analyst for several months, which she felt not only as a just punishment, but as an abandonment.

A relapse followed: this ' abandonment ' was too similar to the one she had suffered in the past, and it immediately reanimated within her that object of hatred and destruction which was her mother. In fact, the main symptoms of the state of depression which we have already described—ideas of suicide and a delirium of self-accusation—were not only a painful attempt at shedding guilt, but also a means of continuing her aggression against the hateful mother-image with which she identified. Suicide was, above all, a way of killing the bad mother in herself. To accuse herself, as she did, was yet another way of reproaching her mother indirectly for all she had never dared to reproach her with directly; with being a bad mother, a bad wife, a bad housekeeper, incapable of doing anything of value in life, and so on. But by striking at her abhorred mother, she gave her new life. These painful self-accusations were partly a means of shedding guilt, but were also an unconscious attempt to invalidate the aggressive content of the suicide idea: the fact that she was maltreating her mother meant that she had not suppressed her. But by interposing another person, herself, she could allow herself to beat her mother as violently as she wished.

We may no doubt state that this unconscious satisfaction is one of the determining reasons in a depressive crisis.

The principal purpose of this case history has been to show with what infallible certainty the need for love is replaced by the need to hate and, above all, how this hatred strikes blindly at the subject himself, when the latter is unconsciously but totally confused with the object.

Mechanisms Instituting a Depression

In the first place, with regard to the mechanisms instituting a depression, these are always:

a modification of the instinctual drives and defensive system;
a change in the relationship of subject to object and to its image.

The loss of love is the fundamentally depressive situation, whether the subject is no longer, or feels that he is no longer loved, or *equally*, whether he himself can no longer love or feel loving.

And the breaking of a close and mutual bond of love is at the base of every state of depression. Ever since the connexion between mourning and depression was firmly established by Abraham and Freud, it has been a classic concept in psycho-analysis.

We should point out, as so many authors have done since Freud, that the *experience of loss of the object covers, in depressive personalities, a far wider range than the simple experience of loss* by death or disappearance. The *removal* of the object may be inwardly experienced as its loss; and we know that the idea of removal or of distance must be understood here both in its true or geographical sense, and in its figurative or affective sense.[3] Thus, for some depressive types if an object is removed beyond a certain distance it is felt to be lost; this distance varies from one subject to another, but it is certain that it is particularly short in those predisposed to depression.

This leads us to discuss the particular nature of the affective bond which, when broken, leads to the depressive state.

This bond was experienced as part of the primary relationship to the mother; the Oedipus situation is, in the depressed, completely overrun by the pre-oedipal conflict, as has been shown in the case history cited. The depressive personality requires this bond to be both very close and exclusively loving; for he is a subject who feels constantly threatened by the massive irruption of his own aggression. This fear of the imaginary omnipotence of his aggression reaches its highest pitch when the depressive subject loses an object whose death he had unconsciously desired: it is, in fact, a particularly depressing situation. In such a case the subject, incidentally, suffers less from the real loss of the object than from the failure to conserve it.[4]

We can now perceive that in depressive cases object relationships have an essentially narcissistic function. We shall find that the depressive subject does not love the object for itself and for what it is: he *needs* it in order to maintain his instinctual equilibrium as best he can; and with this in mind, he usually requires the object to be good, infallible, and unassailable. Thus it is immaterial to the patient who needs to feel a sense of participation in the object, if this object, be it a person or, as Pasche (48) has shown, a collective ideal, or a social or spiritual entity, disappears or fails him. For him the result is the same: he feels cut off from what he considered the best part of himself and delivered helplessly into the power of his unleashed aggression.[5]

Thus *depression appears to be determined, on the instinctual level, by a loss of unity and the depreciation of the love drives.*

This will also no doubt help us to a better understanding of the depressive role of certain *organic impairments*, in the course of which the capacity to love is weakened by a bio-instinctual mechanism; such is the case in involutionary and senile depressions in which there is the additional factor of separation from the loved objects. It is equally evident that the modification of the gonadic hormones, which is often one institutive mechanism in feminine depressions, influences the instinctual drives, and if they are not solidly integrated, may cause a dangerous loss of balance.

Thus the fragile instinctual and defensive equilibrium that the subject endeavours to set up between his need for love and for hate may be broken, not so much by the activation of his aggressive drives as by the defeat and immobilization of his love drives. Although in psycho-analysis we more often find ourselves talking of frustration of the love that one expects than of the love that one *gives*, it always causes suffering not to be able, or no longer to be able to love, and for some the suffering is intolerable. The libido is unemployed, either because the object does not exist, or has disappeared, or is no longer considered worthy, or because one's love for it proves impotent or is not recognized. The subject has then reason to be fearful, feeling that there is nothing left in his heart but hatred. Since he no longer feels loving, or as loving as before, or as effectively as before, he can no longer feel that he is good: the defeat or unemployment of his libidinal drives gives a relative preponderance to his aggressive capacities, which are further increased by the deep grudge he bears against his object, or against all humanity, because it no longer allows or encourages his love: depression then appears to present the last desperate hope of preserving the love drives and of being able to love again.

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[3] Cf. Bouvet's studies of the concept of distance, also the work of Marty and Fain, on the zone of security in pulmonary tuberculosis patients.

[4] An analogous though entirely internal situation occurs when a subject, either through his own spontaneous evolution or in analysis, reaches the point of ' deposing ' his object from the throne to which he had raised it. It is as if he had destroyed with his own hands an idol which he cannot yet dispense with.

[5] Thus certain Frenchmen committed suicide in 1940 after the military collapse of France.

This certainly does not exhaust the range of factors and situations inducing a depression, and we shall quote others later. But we can already say that these modifications always occur within a very intricate network of drives and relationships, and any classification which enables us to distinguish them must be an artificial one. It is this dual aspect which makes it possible to understand some apparently paradoxical institutive mechanisms, as in the case of depressions which appear after a success or an important adult achievement. We shall see that masochism is an obviously important factor in such cases, but it is not the only one. As E. Jacobson (28a) has pointed out, success, which makes the subject autonomous, means for him the breaking of a link with a sustaining object, which he had found indispensable. As we have already noted, depression may supervene the moment the subject is obliged to adopt a definite attitude towards his essential object, which, in the last resort, is always the mother or mother substitute: typical cases are marriage, getting a job, maternity, etc. In such cases the problem is usually solved by identification. But normal identification is impossible for the depressive type, if only because it implies separation. So the subject has recourse to pathological and pathogenic mechanisms of identification. This was clearly the case with the patient mentioned above, who went into a depression the moment she could no longer evade the problem of identification with her mother.

Love, Hatred and Depression

Depression is therefore induced as follows: by the removal of an object which the depressive subject wished to clasp to his heart (and even more to keep stuck to himself)—and by the more or less pronounced defusion of the libidinal and the aggressive impulses, the latter prevailing more or less over the former.

Instead of a real *fusion* of the opposing attitudes towards the person and the image of the object, the depressed subject adopts a compromise between love and hate, and endeavours to deflect his aggression from the object he wishes to protect. Similarly, being unable to effect a true identification, he proceeds to an aggressive and more or less massive *introjection* of the object, whose punitive omnipotence is then credited to the superego, an unshaded, undeviating superego.

On the instinctual plane, the depression is formed by the transformation of a relationship of close and mutual love into a no less close but aggressive relationship, of which the subject makes himself the victim by turning the aggression against himself. The depressive person cannot cease loving and being loved without feeling aggressive, guilty, and endangered. He tries to remain closely attached to his object, and to attach it to himself, by his moral suffering. He tries to redeem himself by his suffering and conscious guilt.

Here it might be stressed that the external display of conscious, sometimes delirious feelings of guilt, which play such an important part in the history of depressive states and particularly of melancholia, have the function of *alleviating unconscious guilt feelings*: remorse appeases the sense of guilt.

In depression, love and aggression, no longer fused, achieve a regressive compromise by means of moral suffering. The subject turns his aggression against himself in order to spare the object, of which the good image must be preserved. The depressed person is called upon to suffer in an attempt to regain the object's love by inviting its pity. By moral suffering the link with the object introjected into the superego is maintained at all costs.

Almost all analysts are agreed on the stifling part played by the superego in the depressive state. The major part of the aggression liberated at the inception of the depression is delegated to the superego. We all know this role of the superego too well for any further observation to be necessary.[6]

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[6] However, we should mention the contributions of Freud, Abraham, Rado, and M. Klein; they have recently been discussed in a bibliographical review by Rosenfeld.

There is, however, one aspect of object relations in depression that should be appreciated, and that is the strength of the superego in such patients. In analysis we perceive that they *wish* the punitive and frustrating object, interiorized as the superego, to be *omnipotent*. They cling to this omnipotence as a pledge of its tutelary protection. Originally, of course, they wanted a good, omnipotent object which would protect them from everything, including themselves, and in depression the interiorized object becomes, on the contrary, completely aggressive, though it still remains omnipotent. This helps us to understand the origin of the *feelings of impotence* which play such a part in the history of depressions. Bibring considers them to be primary and fundamental. We consider them to relate in the first place to the object, and thus, when expressed in the transference, they are always a means of indirectly reproaching the analyst for his impotence, one of the most serious reproaches a depressed person can express.

To illustrate these remarks we quote a significant moment in the long analysis of a depressive woman, whose childhood had been characterized by a painful and uninterrupted series of frustrating situations: her father unknown, her unmarried mother dying early, despised by the mother substitutes who were not affectionate. The child lived for a long time with a very authoritarian woman guardian, always ready to punish her coldly and to reject her, yet not allowing the child to take any interest in anything else whatsoever: the husband, completely dominated by his wife, was a negligible factor.

At the moment we are speaking of, the patient was often concerned about the rules of analysis, of which she had heard, and which she conceived to be systematically frustrating. She would complain of them, and feel incapable of getting better. Of course she was in this way disclaiming her own aggression towards the analyst, as he was shown. But what was striking was that she conceived the rules of analysis to be something absolute and intangible, and trembled at the idea that the analyst himself might infringe them: this seemed to her both impossible and unacceptable. So it was clear that the former guardian was now represented in analysis by the rules of analysis, which were felt to be both intangible and frustrating. In this way the patient embarked on the Oedipus situation. She then recognized that she had clung to the guardian's hardness, which was, in spite of everything, some pledge of security.

And if we remember that the guardian had been, above all, the only person who had kept her in her childhood, we understand with what strength and what anxiety she wished to preserve her introjected image.

It is clear that the depressed person requires something which he expects from the external world so long as his depression is not psychotic. It is no less clear that he asks for nothing directly, but only through the medium of his depression: his symptoms become the spokesmen for his libidinal and aggressive tendencies. All the appeals for help, for love, the beguiling displays of contrition, are too well known to need further mention. Guilt is utilized as means of expiation, the suffering undergone is yet another form of appeal, submissive or angry: 'See how I am suffering, and how I repent. So love me again.' Such is the appeal the depressed person addresses to his object.

But this appeal for love usually fails because the libidinal desires, somehow 'infected' by aggression which is bound up with them, are guilt-laden, and because the patient not only refuses to accept them (and becomes incapable of allowing himself sleep or food or sexual pleasure or any other satisfaction), but even induces his object or objects to frustrate him in reality, as the Washington School has shown (9). Thus his aggression becomes in a sense justified.

We must, incidentally, revert to this aggression to show how, in spite of all the trouble he takes to spare his object, the depressed type still finds means of being aggressive.

We wish to insist on the important and little realized fact that the depressed person—except no doubt the stuporous melancholic—is always *truly aggressive* towards others through the very medium of the manifestations of his depression.[7] His suffering is an accusation. His sense of incurableness is a reproach.[8] His demands are perhaps humble, but devastating. His dependence is tyrannical. He wallows in suffering whilst trying to enmesh his object in it as well. He makes himself a slave to the object, whilst trying to enslave it. He clings to it in a hand-to-hand struggle in which one can no longer distinguish between love and hatred. It is the close collusion of the two which establishes that compromise between instinctual needs and their defensive system which constitutes the depressive state.

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[7] A depressed patient once replied to one of the authors, who was interpreting the aggression expressed by some of his reactions: 'What's the use of having an attack of melancholia if one can't infuriate everybody?' (39, p. 73). This perfect remark reminds one of the words of one of Nestroy's characters: 'I couldn't enjoy my melancholy if I didn't find it useful for annoying other people' (14).

[8] The remark 'I shall not get better' always covers the allegation 'You are neither good enough nor strong enough to cure me.'

The Depressed Subject and the Object

Having studied the vicissitudes of the drives in depression, we should now define *the structure of object relationships* which develops. The two elements are naturally interdependent, as is shown above all by the introjection of the object. We can make the point clearer by locating depression as one of the clinical manifestations of aggression, which one author (39) has already studied.

We shall mention two further situations conducive to depression, which we have not already described, in order to clarify the point. Firstly, it sometimes happens that *depression sets in at the moment a masochistic relationship or situation has ended or been broken off* (48). It seems as if the subject, being no longer able to suffer at the hands of another, has to suffer at his own, which he achieves by interiorizing the sadistic object. This transformation prevents the subject from being at a loss for the suffering necessary to his defensive equilibrium; and it wards off the rupture of an objectal link which, even if based on suffering, was felt as a close and necessary bond of love.

In view of this substitution of moral or even erogenous masochism by the depressive crisis, we could liken depression to an *acute crisis of moral masochism.* Some neurotic depressive manifestations certainly display the masochism which one author has studied at length (38a) and this was also the case in the history already quoted. But in masochism object and subject are experienced and postulated as existing independently of each other. This is not the case in depression, and certainly not in melancholia, where the channels of aggression have been 'short-circuited' and where the reversal of aggression is not even necessary, since the object attacked has been unconsciously introjected by the patient. If the latter destroys himself it is as if he were destroying the incorporated object. Thus depression is akin to masochism, yet different from it.

But in other cases we find a depressive state setting in after the disappearance of a psychosomatic ailment, such as asthma.

We might therefore relate depression to a psychosomatic crisis, since psychosomatic manifestations are both numerous and important in depressive states. But we must not forget that in psychosomatic affections, the aggressive drives tend to 'short-circuit' directly on to the organism and to attack the subject's body, in accordance with defence mechanisms which are ontogenetically anterior to the constitution of an integrated ego, as the French psychosomatic school has clearly shown (48, 35). On the other hand, the concept of *primary organic masochism,* elaborated by Nacht, may serve to explain certain aspects of the depressive predisposition which are so deeply rooted in the organism as to suggest the concept of a simple organogenesis.[9]

If we consider the clinical manifestation of aggression according to the degree of organization of the defence mechanisms protecting the ego and object relations, we find that depression is located between psychosomatic aggression and moral masochism.

Depression is akin to *moral masochism* in that it includes a defensive exchange of aggressive behaviour, but is distinct from it, in that the relationship is less evolved, the separation of subject and object less complete: it is also distinguishable from *schizophrenic psychosis* by the fact that the regression does not lead to complete confusion between object and subject, although it may be a preliminary to this: finally it is distinct from *psychosomatic* disorders since the libidinal and aggressive drives are still involved, although incompletely, in object relationships, as is shown by the existence of somatic disorders in many depressive states.

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What is specific to the dynamic of depressive states is the mechanism of depressive identification with the object. It is no longer precisely an *introjection*, and we cannot be too careful in distinguishing (as E. Jacobson has shown) between normal interiorization and identification, of which the depressed person is incapable, and which are applied to an essentially differentiated object, and introjection, a pathological mechanism, which devotes its aggressive and devouring strength to a partial and concrete aspect of a poorly differentiated object.[10]

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[9] We shall return later to this concept of primary organic masochism.

In the dynamic of aggression in a neurotic depression an important role is played by the mechanism of *aggressive introjection* of the frustrating object, originally maternal, and both loved and hated, to which the patient is bound by an obviously oral fixation. This aggression is directed simultaneously and almost without distinction towards the external world and towards the subject himself, before it is directed towards the subject alone, who is now, by the effect of incorporation, representationally confused with the object.

This is clearly shown both in the case reported and in the following example:

Nacht has already reported (39) the case of a manic-depressive patient whose childhood had been dominated by a hard, aggressive, rejecting, despotic, and castrating mother, and by the affective non-existence of a father who was morally castrated and effaced by the mother. In childhood the patient, although terrorized by his mother, knew how to exasperate her to the extent of threatening to commit suicide; it was only then that the child would throw himself into her arms, begging her not to do so. It was a trick he would play on himself later by identifying both with the aggressive child he had been, and the aggressive, frustrating mother he had had. In his crises of depression he would in fact drive himself to the verge of suicide as he had done with his mother: he would overwhelm himself with reproaches in the same terms his mother had used. Finally, in his depressive phase, he was particularly unpleasant both to his wife, whom he exhausted with his demands, and to his employees, whom he began to treat with the utmost harshness.

This very characteristic introjection is in keeping with the special relationships of the depressive type to the subject. Of these the most important is the close coupling, but not fusion, of the representation of subject and object. The depressed patient is someone who cannot denigrate his object without immediately feeling bad and denigrated himself. It is as if the image he formed of himself were only a print of his image of the object.[11] This is an essential characteristic of the ego and of object relations in the depressed subject, as has been progressively clarified by psycho-analytic studies from Freud and Abraham to M. Klein and E. Jacobson.

The disentanglement of object and subject representations is not complete in the depressive, and certainly not maintained in the depressed type: it is true that the depressed type is dealing or *trying* to deal with a *complete object*, but he retains and seems to wish to retain a common patrimony and *kinship* with the object; in so far as personal values are concerned, he makes common cause with his object: the representation of self and object are incompletely separated (E. Jacobson).

This close entanglement is not the paradisal fusion which Nacht recently described as manifesting itself as a need in transference. Such an intimate fusion may be experienced ecstatically when it is experienced and consented to by the ego, or even endured in terror as a form of annihilation, as with the schizophrenic.[12] But the depressed do not swim in such deep waters.

This leads us to the study of object relations as we find them in the depressed type, particularly in so far as they affect transference. Here we shall owe much to the studies of Freud and Abraham, Rado, M. Klein and her school, the Washington group, Lebovici, and E. Jacobson.

Object Relations in Depressive Subjects

Clinical experience forces us to the dynamic concept of a *depressive disposition* which we must consider first, independently of any etiological consideration. The more marked this disposition, the more it restricts the subject's potential variation and adaptation to the situations and circumstances of his life, and the more it reduces his ability to react except by depression. Although it is true that this depressive disposition is shown in its purest form in manic-depressives, it is not exclusive to them. Our own clinical observations have shown, allowing for variations of intensity and degree, that *all* truly depressive subjects display that special organization of the personality that many authors have described as ' manic-depressive ' (for instance, to take them in chronological order, the invaluable studies of Gero (21b), M. Klein, E. Jacobson (28a), the Chestnut Lodge group (9), and Lebovici (32). These authors agree amongst themselves and with clinical observation on all points which seem to us of importance.)

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[10] An interesting contribution to the understanding of these important distinctions is to be found in the experimental research conducted by Engel and Reichsman (11a) into the case of *Monica*, the child with a gastric fistula. They consider that incorporation, introjection, and identification are all processes of assimilating external objects, but taking place at different levels of relational organization. *Incorporation* occurs during the phase of so-called primary narcissism, in which there is no distinction between subject and object, *introjection* during the construction of representations of the self and the object, and *identification* when the subject-object distinction is solidly established: identification is a purely intra-psychic process, unlike introjection. These fundamental concepts will be discussed later when we review the ontogenetic basis of depressive experience. We shall see that the depressed person never gets beyond the level of introjection.

[11] As we shall explain later, depression corresponds to a regression or fixation at an early phase in which the subject is topographically but not as yet economically distinguished from the object.

[12] As we have shown in our study of delirium (46).

The salient strength—or weakness—of the depressive disposition makes itself known through object relationships even in the personality of the patient, of which the following appear to be the principal traits:

The first, well-known characteristic of the depressive patient that comes to mind is his *hypersensitivity to frustration.* But this is not a simple trait, and can be broken down as follows:

The depressive personality has a tendency to experience any disappointment as frustration. Every disappointment is experienced as a loss. We shall see later that this tendency itself can also be explained; and we should add that it is to be found in almost all subjects of psychotic character or with psychotic symptoms, and can be related to the levelling, the lack of perspective and differentiation which they show in the degrees of instinctual evolution which should normally be phased: in fact, in the psychotic structure the oedipal positions are apprehended and experienced in the same defensive and adaptive way as the oral positions.[13]

To this can be added the fact that the *depressive reaction to frustration and unpleasure is abnormal.*

This becomes apparent from the very important distinction established by Freud between mourning and melancholia: the melancholic depressive is incapable of ' digesting ' the loss of the object. Federn returned to this incapacity in his study of the psychology of the ego (13). He distinguished judiciously between ' suffering from a pain ' which permits a *metabolism* of moral suffering in the ego, which receives it into its own domain, digests the pain, and finally dissolves it; and the fact of ' feeling a pain '. Here the suffering is not accepted into the ego, it is held at arm's length, never ceasing to harass the ego from without, and can neither be absorbed nor modified: this is the case with the depressive subject who ' pays tribute to unpleasure by depression '.

We have mentioned how the depressive subject defends himself against frustration and loss. We must now point out how he succeeds both in avoiding frustration and in encountering it.

The depressive person has few objects, which are, incidentally, only the simultaneous or successive duplicates of the same original object, the mother. He may, in fact, have one sole object, his unique source of help. This exclusive polarization is clearly evident in transference: the depressive patient in analysis has no exchange, and seeks none, except with his analyst.

Exchange, however, is an unsatisfactory term: he does not exchange, he receives, or tries to receive.

We have avoided the use of the customary word ' dependence ' which has become so hackneyed as to be devoid of meaning. We should, however, stress that the depressive subject feels himself to be, and places himself, at the mercy of his object. He is at its mercy, and shows it, hoping thus to attach the object to himself, attract its benevolence, and make it aware of its responsibilities. His desires have the property of being insatiable: except for relatively brief periods they can never be allayed. The truly depressive type is one who doubles his stake at every throw, hoping to gain everything but sure, in his own heart, that he will finally lose all. He experiences a bitter triumph in observing and proving that the object does not give him all that he expects. If it is not *all* it is *nothing*: he always seems to be playing his trumps. His demands on the object, usually indirect, and expressed obliquely by a display of disappointed hunger, are both exorbitant and concrete. *Exorbitant*, since they exceed the limits of the possible, and are thus doomed to unsatisfaction, and *concrete*, always renewed, since nothing seems able to convince him decisively that he is loved. Therefore he *clings* very closely to the object and displays to an unusual degree that *inability to be alone*, recently described by Winnicott in his very able study (66) of its genesis and clinical background. The depressive subject in fact has interiorized neither the presence nor the image of a loving object: thus he cannot dispense with the real presence and the actual gifts of an object which no longer exists when it is not there, and which does not love him if this love cannot be proved.[14]

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[13] It was by pursuing this aspect of lack of perspective that, in our view, M. Klein was able to describe an oedipal complex in a suckling.

[14] One patient, a drug addict with serious suicidal tendencies, said: ' I must be given everything I ask for, and *even more* '.

We come now to the *image of the object erected by the depressive type.* This appears to have two main characteristics, in which we agree with the findings both of M. Klein and the Chestnut Lodge group (9). To the depressive subject the object is either entirely good *or* entirely bad. So long as he cannot tolerate the idea that one and the same object may afford *both* satisfaction *and* disappointment, he will be depressive: he protects himself against his own ambivalence by splitting his object representation into the image of the perfect, idealized object, which has nothing to do with the complementary representation of the bad object. Thus he inhabits a Manichaean world. The real object is measured against a gratifying ideal of perfection to which it must either conform or be immediately rejected as bad: this apparently flattering idealization is basically aggressive.

For the rest—a point well made by Cohen and his colleagues—*the depressive subject is profoundly and obstinately blind to the true personality of the object.* The object has neither existence, nor reality, nor autonomous desires. Neither the individuality nor the essential originality of this object count: they remain totally *anonymous.* He never even conceives himself to be an *irreplaceable* being. His criterion of relationship is never, or hardly ever, *qualitative*, but predominantly *quantitative.* We might assume some conceptual deficiency on his part, if we did not observe, as the above-mentioned authors have done, that he is *afraid* of apprehending the living reality of the object, separated from him by its otherness. It is therefore clear that there is a particularly tenacious quality of repetitive stereotyping in the transference of such patients.

In many cases there is no stable representation of the object. We have observed that in many patients of depressive tendencies there is a total inability to fix and retain an object image. This is of primary importance, and explains not only why the depressive subject is completely alone when he is alone, but also why he feels every disappointment as loss and frustration: the fact is that the depressive type is basically still in the infantile state where the presence of the loving object is not yet interiorized.

An Attempt at a Dynamic Classification of Different Depressive States

Having studied depression in general terms, we should now attempt a psycho-analytic study of the clinical varieties of states of depression. These varieties depend on variations in the two fundamental and associated aspects of depression, instinctual and relational.

(*a*) The first variation may occur in the *degree of disintegration of the love relationship.* This variation modifies the force of the representation of the good and bad object respectively, and thus, by the almost immediate sympathetic reaction we have already described, the good or bad image of the self. Obviously the more violent the switch from love to hate, the more profound and serious the depression. This instinctual variable brings us back to the Freudian concept of a fluctuation in the ‘ value ’ relationship between the libidinal and aggressive drives. We should also remember that when the depression sets in the first disruption of instinctual equilibrium may be due either to the activation of aggressive drives or to the disactivation of the love drives, and the positive desire to love. Naturally one does not hate without being deprived of love; one is seldom deprived of the power to love without beginning to hate. However, there is a considerable difference between the depressed persons who feel a particular sense of inner emptiness and painful vacuity—these are the persons whose active love drives have been decathected—and the depressed who are dominated by their guilt feelings, these being the subjects who are struggling against a hatred nourished by the disappointment of their need to be given love.

(*b*) On the other hand the depressive states can be differentiated according to the *degree of interiorization of object relations and of introjection of the object.* It is clear that the desires cathected on the introjected object are withdrawn from objects and from the external world. The love-hate relationship is developed on the intra-psychic level. This introjection may, of course, vary in extent. The degree of introjection of the object relationship may be such as to justify the description of *psychotic* depression.

Thus in the melancholic state the ill-treatment of the object by the depressed subject takes place on a purely or almost purely intra-psychic level. As Freud pointed out (and also Renard (57)) pure melancholy is the only psychosis which is truly ‘ narcissistic ’. It is because, in melancholy, there is no possibility of external discharge, either organically or in fantasy, that the psychosis has its well-known tragic and devastating quality. Everything happens in a sealed chamber.

The more the object relationship is interiorized, the more the depressive state is fixed and rigid and tends to elude psycho-analytic or psychotherapeutic influence; as a result of introjection there are important changes in the ego's functions and its activities in organizing the outer world. Everything in the psychic apparatus of the melancholic is rigid, as if 'frozen', to use Federn's apt expression; the ego is 'caught' in a suffering which is rooted in time.[15]

But even in melancholia this massive introjection and complete freezing of the ego is only achieved in the stuporous state, which is fairly rare.

In so far as the object relationship is still open, and a valid exchange with the outer world is still possible, as is the case in the so-called 'reactional' depression, and as is also the case, although to a lesser degree, in some depressed patients at the psychotic level, the evolution of the depression, its depth and intensity, is influenced by relational situations, and particularly by the attitude to the object. As a result the patient remains capable of entering into the relationship implied by the analytic situation. This is true of what are called neurotic or simple depressions.

By taking the structure of object relationship as the criterion for the classification of depressive states—and it seems to be the most useful criterion—we come once more to the distinction established ever since Freud between depressions of psychotic structure, of which melancholia is the most perfect example, and depression of neurotic structure.

But we should like to introduce a third, intermediary structure, marginally pathological, between these two major categories, and that is, *para-psychotic depressions*. They can be observed in subjects who fluctuate between neurosis and psychosis, passing easily from one to the other, owing to the very labile nature of the organization of their ego functions and their effect on object relationships. The clinical and psychoanalytic study of these para-psychotic depressions deserves greater attention. It brings us close to the domain of schizophrenia.

Here we should indicate how depression can be aggravated and, in particular, how the transsition from the neurotic to the psychotic level is effected; we wish to stress the point that this transition is much more frequent than is usually supposed. First of all the depressed subject who, as we have seen, attacks his object through the depression itself, feels unconsciously guilty of the aggression which succeeds in evading his control: he becomes all the more exacting and all the more depressed: it is a vicious circle which induces him to interiorize all the more strongly the relationship which is the source of conflict. Thus the depression tends to deepen automatically, when it is not deepened by the reaction provoked in the patient's environment. For the environment very often provokes an aggravation of the depression by its own reactions. Every depressed person, as we have seen, invites his object to frustrate him and make him suffer, and is often successful in his attempt. Those associated with the patient unconsciously perceive the aggression and accusation contained in his demands, sufferings, and self-accusations, and react to this ambivalence and muffled aggression with counter-aggression and ambivalence. In such cases isolation of the patient is necessary.

We should also point out that the manifest onset of a hitherto latent depression, or the psychotic deepening of a hitherto neurotic depression, may be provoked by certain therapeutic actions: by accident in the psychoanalysis of a serious, marginal neurotic, or predictably, during or rather towards the end of a continuous narcosis treatment, in the case of 'simple' depression.

Counter-depressive Defences

Nevertheless we frequently observe that the depressed subject protects himself against invasion by depressive affects. He employs secondary defences, which we shall call *counter-depressive defences*, which help to modify and diversify the clinical picture of depression.

Mania is a form of defence which is too vast to be dealt with here.[16] There are, however, other frequent and important variations which must be mentioned: *inhibition*, *obsession*, and *oral affective recuperation*.

Inhibition, immobilization, or slowing down of psychic life, all prominent in the clinical picture of any lasting depression, result from the blocking of affect, or the defensive countercathexis of libidinal or aggressive intensions. *Boredom* appears here as a defence against sadness. Freud has taught us that inhibition is a defence against anxiety, and Bibring has ably demonstrated that boredom and fatigue derive from the repression of aims pursued by ever active aspirations. This blockage has only to persist and stabilize itself in a more or less chronic form, and we have the picture of that ever-present neurasthenia which first excited the attention of Freud.

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[15] This links up with the phenomenological studies of Time as experienced in depression.

[16] We would only refer to the case we have described and to the work of Freud, M. Klein and B. Lewin, and the study by Racamier (53).

This slowing down of psychic life in the depressed is determined by different factors operating at different levels. On the most superficial level we find this defensive struggle against the depressive *affects* we have described. At a deeper level we meet defences against *instincts*, such as the decathexis of libidinal drives, and the struggle against anal aggressive drives, which is shown by constipation, as much mental or verbal as intestinal.[17] At a deeper level still, in melancholia, we find that *structural* modification of the ego functions which, as we have seen, results from massive introjection. At this level of functional degradation of the whole ego structure there is the possibility of delirium, which we have recently studied (46).

Obsession (in the sense of conversion into obsession, as Bouvet has defined it) is more elaborate counter-depressive defence which may be observed at the onset, the end-phase, and even during the course of certain attacks of depression. We have reason to believe that these obsessions are attempts, sometimes successful, sometimes quickly overwhelmed, to confine the mechanism and affects of depression: naturally this halting of the depressive process is possible only in minor cases of depression and in persons who, without being characteristically obsessive, have a well-marked tendency in this direction (as can be understood from Lebovici (32)).

The methods of *oral affective recuperation* to which (as Mallet has shown) most depressed subjects have recourse, are still more important as a weapon against depressive affects and depressing anxiety. These methods are always, as Rado has pointed out, *toxicomanic* and *addictive*.[18]

The restorative and pacifying ‘ toxin ’ may be a true toxin, and it is well known that numerous *addictions* derive from a latent, underlying depressive state. The most common of such toxins are alcoholic beverages, opiates, barbiturates, and finally, the tranquillizers, which are often taken in association with the psychotonic amines; it seems that the present evolution of pathology and chemotherapy is presenting us with a wholesale conversion of depressions into medically-induced addictions. However, the object of this need is not always a true toxin. Whereas the obviously depressed patient can neither sleep nor eat, some depressive subjects try to struggle against the threat of depression by an obstinate addiction to food and sleep (cf. Mallet (34)). Others seek the caress of water and sunlight, which are obviously a substitute for maternal caresses.[19]

The object of this need for counter-depressive recuperation may, finally, be an object in the psycho-analytic sense, that is to say, a *person.* The para-psychotic depressive subject is particularly liable to this *object addiction*, which displays all the qualities of addiction, and particularly its masochistic aspect: the object, sought with tyrannical and exclusive avidity (tyrannical both for subject and object) is both gratifying and dangerous: this dual quality is fundamental to the depressive need. If the ‘ ration ’ of object is lacking the patient is plunged into a depressive anxiety which may be suicidal.

It is clear, in fact, that this counter-depressive recuperative activity always turns against the patient, unless psychotherapeutic circumstances are favourable: whether the object be human or toxic, the incorporated good/bad milk substitute becomes sooner or later truly aggressive. On the other hand the furious desire which throws the depressed person upon the recuperating object itself unconsciously includes an aggressive element which ultimately casts the patient still deeper into the pit of depression.

Notes on Suicide

There is one case in which counter-depressive defences are completely lacking, and that is *suicide* which epitomizes, in its most acute form, the dynamic of the depressive state.[20]

Without claiming to treat the whole problem, we would like to show how the destructive drives and love drives are linked in the act of suicide, and under what conditions the transition from fantasy to action may occur.

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[17] This phenomenon was evident in the case we have reported: when the patient's mental slowness and retention were interpreted in anal terms, her speech recovered its normal flow.

[18] By toxicomanic we mean that the recuperative needs of the patient, even if not actually directed towards toxins, have all the qualities of *necessity* common to drug addicts: there is an uncontrollable need, requiring immediate satisfaction; this usually follows a precise, invariable, and specific pattern, which can alone prevent a relapse into intense anxiety. Having received his ration, the depressed subject is pacified and feels relieved until, sooner or later, the need reappears: the oral nature of this state is obvious.

[19] On the subject of the sun and the mother, see Moloney (38).

[20] Suicide has already been the subject of psycho-analytic studies, particularly Menninger (37), Zilboorg (68), Garma (21a), Hendrick (26), Courchet (1955).

It is well known that ' no one kills himself without having proposed to kill the other '[21] and that suicide is an act of inverted aggression. The fact that this inversion is not always total, even in suicide, is shown by cases of collective suicide. In collective suicide there is a condition which is not abnormal in melancholia, that is to say, primitive identification to the extent of a confusion of images with the unwilling victims of the suicide. The case of collective suicide recalls the case of double suicide, the lovers' suicide, and therefore the frequently neglected role of *love in suicide*.

Naturally the threat of suicide is the most tyrannical of the many ways by which the depressed subject demands love. But the bond between love and death may be established at a much deeper and more dangerous level. Such a suicide then represents the final means of attaining absolute love, that union, that total, undifferentiated confusion with the object, which one author has already described at this Congress (47a). Let us see how death may be a means of realizing this form of love.

Analytic experience shows that sexual pleasure, cathected with aggression, sometimes develops, amidst its myriad fantasies, that of death. Is it not often said of coitus that it is ' a little death '? Instinctual economy provides one of the reasons for this unconscious association: genital or sucking satisfactions, the true orgasm or the alimentary orgasm, to use Rado's words, pacify and dispel libidinal tension. Lewin has shown (33) that the experience of satiety in sucking approaches very closely to that of annihilation. (Incidentally it is because death allays all intrapsychic tensions that it is desired by those who are trying to escape an intolerable anguish, as happens with schizophrenics in particular: death is then the supreme remedy for all the anxiety caused by the fear of, and the wish for, death).

We should also remark that, if pleasure may produce a thousand forms of fantasy, death is, properly speaking, *inconceivable* as such.[22]

Those who dream of killing themselves and those who actually do kill themselves, conceive death as a return to a complete unshadowed love, without barriers or limitations, with the ideal mother, an object lost or darkened by aggression, but rediscovered and made ' good ' by suicide: they kill themselves in order to love and be loved. Thus death appears to some as a positive aim, the fulfilment of their lives, the last door to open in order to attain the love of the object. Jensen and Petty (28b) have recently pointed out that the person who commits suicide believes that the object will come to his rescue and save him with love. Thus when the fantasy of blessed reunion with the object is no longer experienced as fantasy but as the only true reality, the reality even of death having lost all weight, and no longer cathected or considered by the ego, then we have one of the conditions permitting a transition to suicide.

The condition is, strictly speaking, *delirious*, even if the delirium is not particularly apparent in the suicide project. Under the sway of a denial of reality and of megalomaniac omnipotence, the suicide forces the hand of the object. But in the case of actual, not threatened suicide, this object has only an interiorized existence. The condition is psychotic; the danger of death exists when the aggressive discharge and the unconscious appeal for help are addressed to an object which is no longer exteriorized, and are made by an ego now unaware of the limits of its power and its extent.[23]

So long, however, as some relationship with an exterior object persists, there seems little danger of actual suicide. So long as this relationship persists, language, with its multiple forms, continues to be a valid means of exchange and expression, a conductor and an organizer of the drives; this is no longer the case when the object is completely interiorized.

As E. Jacobson (28a) has shown, at the moment of his act the suicidal patient recovers his power and achieves a final though fatal victory. Divided, tortured, and paralysed by his ambivalence, the depressed subject who kills himself is seeking and believes he has found, in suicide, the unification of his ego, unification with the object and the unification of his divided drives. Since, for the depressed, it constitutes the sole means of uniting and fusing libido and aggression, which he has been unable to work out on the anvil of object relationships, suicide may be the final phase of a depression which was initiated by instinctual defusion.

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[21] Fenichel (1945).

[22] This is incidentally one of the difficulties in the theory of a death instinct. None of the fantasies described by M. Klein as expressing this death instinct are devoid of libidinal elements.

[23] This disintegration of object relations which characterizes the psychoses occurs in an almost physiological way in certain primitive peoples where the individual is scarcely differentiated from his tribe, and in ritual ceremonies easily achieves a state of total fusion with the group: it is precisely in such circumstances that self-destructive and even suicidal acts are committed (64).

Ontogenesis

It is easy to see the technical and therapeutic consequences of the preceding remarks. In addition to the normal rules of analytic procedure, particularly that of the *exclusion of the counter-transference*, the details we have mentioned, without being able to develop them further here, require from the analyst a quality of *presence* on which we have for long insisted (cf. Nacht (42, 43). But space forbids the detailed exposition of these therapeutic aspects (dealt with by Racamier (52, 54)).

We must also devote only brief attention to the *ontogenetic stages* which are suggested by our knowledge of the ego functions and object relations in both depressed and depressive persons.[24]

Briefly, we are essentially in agreement with the findings of the Kleinian school in considering that *depression occurs at that stage in the evolution of subject-object differentiation or objectivization at which the subject is topographically but not yet economically distinguished from the object.* Now it is precisely at the moment when the subject is distinguished from the object that the fusion of opposing drives takes place. Thus the analytic study of depression is related to the analytic study of early infantile evolution. We should, however, indicate our disagreement with several theoretical and conceptual elaborations of the Kleinian school. We find it essential to affirm or reaffirm the following points:—

It is not possible to speak of *ego* or *object* in the true sense of the words, in the case of a suckling of 6 months. At this period the infant does of course undergo certain vital experiences; he even displays adaptive mechanisms which foreshadow future ego-defence mechanisms, but the whole of his psychic and instinctual life is uncoordinated and unclarified, as the Paris school, including Lebovici, Diatkine, and Ajuriaguerra, has shown. The fantasies that will appear later in life are the working over of these original and elementary experiences (31).

Further, though still incapable of perceiving the object as such, the infant at the pre-object stage is extremely sensitive to the external world, as Spitz has demonstrated. Now the reality of the influence of the external world appears little or not at all in the concepts of the Kleinian school, which seem to let the infant derive his experience solely from his own drives (as Pasche and Renard have shown (49)).

It is owing to this lack of perspective that the aggressive drives figure excessively in Kleinian theory, at the expense of the libido, which is thereby completely devalued and is not far from being reduced to the status of a defence mechanism. This devaluation of the power of the libido seems to conform neither to the spirit of psycho-analysis nor to observed facts, particularly to those facts observed in depression.

It must be stressed that aggression, determined or activated by frustration, follows a very different course according to the evolutionary structure of the individual who experiences it. We should like to make this point still clearer.

Once the stage of objectivization is reached and passed, aggression is fitted by the ego into relational perspective and organized psychic structure: it may lead to neurotic compromises.

But before this stage of maturation the tensions engendered by frustration can be neither exteriorized nor directed into an organized defensive circuit. Then, as one author has already shown (S. Nacht, (42)), 'the energy which will later appear to the observer as aggression is neither repressed nor inflected, but penetrates and spreads into and impregnates the whole organism.' This establishes the *primitive organic masochism* (S. Nacht (38a, 42)). Surely this primitive organic masochism corresponds to what is described as the death instinct. At any rate, it is a hypothesis, but we do not propose to go into a problem which one author has already resolved along these lines (43).

In an intermediary phase between the two levels of organization we have mentioned, we shall find: a representation of the subject incompletely differentiated from the representation of the object, which facilitates the displacement of cathexis and provides the most favourable conditions through massive incorporation, and allows no place for the phenomena of real identification; and, on the other hand, a representation of the good subject (projection of the experience and of the need of love) completely separated from the representation of the bad object (projection of the experience of frustration and aggressive tendencies).

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[24] This has been more fully developed in the French version of this paper, published in 1959 in *Revue française de Psychanalyse*.

From this point onwards we have two fundamental conditions of the depressive state. They are complementary and interdependent: *there can be no fusion of the instinctual tendencies so long as the representation of subject and object remain more or less confused.*

These opinions on the depressive states which we have tried to put forward may perhaps appear simple, and the reader may be tempted to ask whether we may not have been over-schematic for the sake of simplicity. But we do not think so. We have ourselves been surprised by the often quasi-schematic simplicity of the psychic processes in depression. In fact, if these patients could, and would dilute their drives by directing them into the almost inextricable mazes of obsessional neurosis, they would not be depressed.

But it lies in the very nature of the depressed person to plunge straight into the eternal drama of love and hate, which man has such difficulty in converting into a balanced integration and a fertile, constructive fusion.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

III. DEPRESSION, CONFUSION AND MULTIVALENCE[1]

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As an introduction to my main thesis, I shall begin with a few historical notes, and continue with a summary of some recent differences of opinion.

The non-analytic literature, chiefly psychiatric, concerning depressive psychopathology, has dealt with concepts of hypo- and hyperfunctioning, inhibition, constitutional rhythms, and basic ego patterns, but the question: How can the origin of depression and elation be identified? has never been asked or answered in detail. Psychologists have had amazingly little to say about depression, grief, elation, mourning, etc.

Since 1911, analysts have recurrently dealt with the metapsychology of depression in terms of the status of zonal instincts, ego and superego interactions, and ego development, but little has been said about standards of normality with reference either to recovery from depression or mania, or to grief, normal mourning, and normal enthusiasm.

Our literature contains less about the relationship of pathological mourning to more regressed states (namely, to one of the schizophrenic states) and less about the relationship of pathological mourning to more progressive states (namely, to mania and obsessional-compulsive states) than one might expect with such a crucial metapsychological problem which stands midway between the schizophrenias and the neuroses. Each psycho-analytic contribution has, however, added something to the development of the main theory of depression itself, or has offered an alternative hypothesis.

Abraham's first explanation in terms of regression to, and inhibition of, oral aggressive incorporation and anal aggressive expulsion of the lost, loved object, was expanded by Freud's description of:

(i) identification, by narcissistic regression, of the incorporated dead object with the ego; and
(ii) criticism of the ego by the ego ideal.

Abraham later dotted the i's and crossed the t's of this formulation at some length. At the same time, mania, rather than mourning, was brought into the discussion, Freud describing the alternation of ego identification with the dead object and ego identification with the ego ideal. Abraham stressed a changed balance between libidinal and aggressive activities in mania.

Rado added the concept of libidinal-aggressive eating to the point of satiation and defecation, as related to:

(i) An alimentary orgasm; and
(ii) The sequence grief-recovery, or punishment followed by bliss.

Klein added to these concepts in two ways:

(i) By discussing what happens when the whole, good, internalized object is endangered by a whole, bad, internalized object, each of them more or less separated from the ego (and when so separated being aspects of the superego) and more or less identified with the ego; and

(ii) By relating the origins of all this to the stage of infantile development when the ego was first able to integrate a relationship to a whole object.

Scott stressed the emergence of the continuity aspect of the whole object—even though wholeness is continually developing during a whole lifetime. The emergence of continuity as part of the picture when depression first appears was nevertheless considered crucial.

Deutsch and Klein added to the concept of mania, its use in denying unrelieved depression, and Klein discussed in addition the idealization of objects in this state. Klein went further and described reparation as part of new object relationships, both in recovery from depression and during mourning.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

Lewin added to the picture of mania the hypothesis of its relationship to sleep and early oral functions, when sleep, eating, and being eaten are seen as a triad in the wakeful dream called mania. He described how this triad contributes to the denial and the idealization seen in mania. Lewin, in his latest very condensed paper, discusses mania as a regression from depression, but, in my opinion, does not distinguish this hypothesis from regression to a megalomanic, paranoid state, and seems to throw overboard the relationship of mania and pathological mourning, which dates to Abraham's work, and consequently depreciates the value of working with unconscious conflict between manic tendencies and tendencies toward normal mourning.

Parallel to these views, Spitz, Jacobson, Bibring, and Engel presented alternatives, some based on interpretations of the observations of infants. They emphasized crying helplessly rather than crying angrily to exhaustion, and the development of signals of this state, as inhibitory defences against recurrences. The lack of contrast in these hypotheses with hypotheses already proposed to explain the development of paranoia, catatonia, and hebephrenia stand out—for, in my opinion, to consider crying helplessness and hopelessness without contrasting these with crying rage seems to beg the issue of our need to discriminate.

Benedek has tried to unite these seemingly contradictory views by discussing the development of the concepts of a good mother and a good child, and the disorganization of repeated crying fits which allow sudden regressive identification of bad mother and bad child. Benedek has not dealt with the *stages* of regression in crying fits, and so has left unresolved the problems of regressions which lead to paranoia, catatonia, and hebephrenia. Gibson, Cohen, and Cohen have recently put forward rather contrary views—namely, that early anxieties prevent the young child from integrating his concepts of the good mother and the bad mother into a single person—but they have not confronted the implications of their view with the views of Klein and Benedek.

Confusion and Complexity: Ambivalence and Multivalence

When a child's activities are not leading to satisfaction—that is, when:

(i) Activity is becoming disorganized or aggressive; or

(ii) The object representation is not sensory but hallucinatory;

the emergent sequence: waiting, anticipating, pining, and hoping, begins to appear.

Waiting may be called the simplest of these. Waiting may be called the state in which the child is waiting for the hallucination to become material—that is, for a transformation of the hallucination into sensation.

Anticipating may be called the second simplest. Anticipation is related to the tolerance of remembering hallucination with its unsatisfactoriness as an object, and to the coincident memory of sensory satisfaction. Anticipation may be called waiting for the appearance of the sensory satisfaction rather than for the transformation of hallucination into sensory object.

Pining is a further stage in development. Pining is full of concern, and is more than waiting and anticipation. Pining can be called the relationship of the ego to what is within and without, as well as to what is within the object which is being waited for and anticipated. Pining is the wishing for change, not simply for transformation, and not just for the appearance of sensory satisfaction, but also for the object which has within it the wish to satisfy the piner.

A further stage in the development of waiting, anticipating, and pining, is hope. Hope shows a balanced relationship between love of and hate of the waited-for, anticipated, and pined-for object or situation, and a balanced relationship between desire for the desired object or situation and the belief that the object is going to desire to satisfy. In other words, hope takes into account a more complex relationship to the object, including a more complex temporal component. It takes into account the time necessary for the changes to occur which will fulfil the hope. Hope is not impulsive; it has developed out of waiting, anticipating, and pining.

Hope is not just anticipating—not just desiring the appearance of sensory gratification. Hope is not just pining—not just waiting and anticipating, not just concern over the object's wish to satisfy the piner. Hope is a positive balance of love of the satisfying hallucination, of the satisfying sensation, of the satisfying object which wishes to satisfy. Hope is the positive balance of love, which can encompass, restitute, and repair effects of hate. This balance may be seen to be a knife-edge balance in analysis for long periods—in fact, many of the complexities to be referred to later arise from the niceties and subtleties encountered, as the balance between hope and hopelessness oscillates.

Ambivalence is a term which has been used for states in which two emotions are present at the same time, in one or other of several ways:

(i) In different parts of the organism.

(ii) One emotion is in the ego and the other is in the object, internal or external, when object and ego are confused or not easily discriminated.

(iii) The state in which there is nearness to fusion of the emotions, just short of sadism or masochism.

(iv) The state in which there is nearness to an interrelationship of the emotions—nearness to a realization that the ego can rage and love, can satisfy and destroy, and that objects can also rage and love, and satisfy or destroy. The maximal states of love and hate are related to internalized, living, good, whole, continuing objects, or to internalized, dead, bad, whole, continuing objects. The contrast with a continuing whole object is, of course, a split good/bad, a diffusely mutilated, a fragmented, a broken-to-bits, a discontinuous, object.

The term ambivalence, as usually used, does not do justice to the complexity of the emergent state of development of which grief, depression, pining, and hope are parts. I would like to suggest a term to describe the affective aspect of this state. This term is multivalence. It emphasizes the fact that more than two affects are involved.

Narcissistic 'one-ness' is followed by a multifarious range of 'two-nesses', and later by a complexity, by a multitude, of discriminations, of which the affective aspect can be called 'multivalence'. The conflict and interrelationship between love, hate, and emergent grief, the development to a stage when a whole, continuing ego, which loves and hates and consequently grieves, is related to external and internal whole, continuing objects which love and hate and grieve, should, in my opinion, be called a state of multivalence instead of ambivalence, in order to stress the complexity which, if regressed from, leads to the simpler state of ambivalence.

The multivalent pin-point balances between the possibilities of slow or sudden changes to mild or intense rage, love, or depression, or to threatening, coaxing, or pleading, become increasingly conscious during treatment of severe depressive states.

Engel and his collaborators, in describing the now well-known child Monica, state that as she was in the pre-verbal stage of development when first observed, no manifestations of secondary process were observable. In my opinion, we need not assume, just because we are observing non-verbal affect and affect situations, some of which may be quite complicated, that these are only evidence of primary, rather than of secondary or derivative processes. Engel describes 'affect', evoked by external or internal sources, as always observable except during Monica's sleep. These excellent observations might have been even more excellent had more details of *sequences* of behaviour been described. In the motion pictures which have been shown and which, I understand, will soon be generally available, detailed sequences of behaviour are to be seen for possible manifold and diverse assessment by analysts. The complexity of behaviour, not all of which is primary in my opinion, much of which is symbolic as well as affective, will, I am sure, be apparent to many who have had much experience in child analysis, or in the analysis of severely depressed adults.

From my own work I quote a vignette: Dick, an inactive, non-talking first son of kindly parents, reared in a two-room apartment, when in analysis at 27 months, 25 years ago, fondled a toy which represented his mother, after casually brushing another toy, which also represented his mother, from the table to the floor. Dick put his heel on the toy which he had knocked to the floor and continued to crush it, while he meantime continued to fondle the other toy, at the same time defecating into his pants. His coincident mouth activity varied from what might be called fondling behaviour to crushing, biting behaviour. The mouth, hand, heel, and anus, the object in hand, the object under heel, the object in and about his anus, were all interrelated, and were more or less conscious—the anal activities being perhaps least conscious, the heel activity next conscious, and the hand and mouth activities most conscious. The multivalent, coincident conflicts were seen in reparative fondling of a handful of mother substitute, in coincident oscillating hate and love in mouth, in aggressive heel activity and in aggressive anal expulsion.[2]

Engel's description of Monica's slowness, slight fingering of objects, and occasional scratching or tickling of herself during depression-withdrawal, furnishes, as far as that part which can be immediately observed is concerned, exactly the data which we can use in analytic observations and therapy.

Engel describes his interpretation of the infants called by Spitz 'anaclitically depressed' as apathetic and detached, rather than sad and dejected as was Monica. He has applied a type of judgement to older motion pictures which I hope many will apply to his newer pictures. Engel has compared Jacobson's description of the depressive patient's black, empty, hopeless despair with what he calls the paralysis of ego activity, which he considers a repetition of fatigue, helplessness, etc. He describes his attempts to find a basic biological analogue of this state, and describes two basic biological activities—first, activity to seek a steady state, and secondly, a reduction of activity when there is a threatened depletion of energy (similar to spore formation or hibernation) without separating this from explanations of apathy or catatonia. He explains the sudden changes in Monica when a well-recognized person comes, and her withdrawal-depression quickly ceases, by stating: 'energy was not exhausted, but was not used, since a signal mechanism of the ego had been established to deal in this manner with the threat of exhaustion'. He goes on to state that 'this suggests the existence, not only of a pre-object state, but also a pre-oral stage of primary narcissism in which the organism takes no active part in its own alimentation. This is normally the situation of the foetus. While it is hardly justifiable to postulate a true regression to a foetal state, one is certainly impressed with the similarity.' Twenty-five years ago I might have subscribed to this view, but in watching schizophrenics progress to depression, and in watching depressives regress to paranoid and other schizophrenic states, the complexity of the transitional states is such that, in my opinion, they warrant much more study and the acceptance of the need to theorize about the complexity.

What Engel describes as an anxiety-signal mechanism of the ego—that is, a description in terms of the repetition of part of a primary, exhausting, hopeless activity as a signal—may, in my opinion, be alternatively described as a derivative, emergent mechanism, in which there is what one may call a knife-edge balance between, on the one hand, the possibility of attacking the unsatisfying and disappointing world with rage—the unsatisfactory world which has been made so partly by memories of previous attacks on it (so that it is depreciated)—and, on the other hand, the possibility of making a libidinal attack on the world, idealizing it, as in manic states. The nearness to a manic state is Monica's combination of flirtatiousness and an impersonal attitude to strangers who accompany a person she knows well.

Parallel to the multivalence of affect is the balance between persistence of depression, regression to paranoid states, and progression to a manic state. The most important aspect of this balance, as far as improvement is concerned, is the depressive-manic balance, since by the modulation of manic mechanisms hopeful mourning appears. So often depression is discussed as if mania need not be mentioned —as if we *could* discuss ambivalence without mentioning *both* love *and* hate. Hopelessness is often not only related to greater hate than love but also to fear of unconscious love, lest it be used to idealize a waking dream, rather than in the service of the toleration of grief and the work of mourning and reparation.

The problem we have always before us is to recognize, in behaviour and in dreams, evidence of the balance between the capacity of the depressed patient either to regress to a paranoid, persecutory, megalomanic or catatonic state, or to progress to a manic idealization, as alternative types of abnormality to the depression itself, or to begin the work of mourning and reparation as a way to normality. The changes during progress through mourning to recovery are usually slow, but we have hints of how fast they might become when we observe very sudden, abnormal progressive or regressive changes. Intriguing as Engel's formulation is, I do not think that signal depression, as a defence against the exhaustion that would occur were this state of signal depression not maintained, does justice to the complexity of the conscious and unconscious state present.

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[2] During recovery from silent, slow or stuporous depressed states in analysis, anxiety and guilt about unconscious impulses to cry, rage, and laugh are not uncommon, but the evidence of such multivalence is often at first only seen or heard for split seconds. Such patients must be watched very carefully for evidence of very short-lived emotion.

Monica often fell asleep after a period of withdrawal-depression, and although no dreams were reported, I would think that, had this been possible, one might have had more evidence of unconscious, multivalent balance, rather than of signal hopelessness.

A Clinical Example

The following sketch of a patient's development and analysis is related to much I have discussed.

Pearl, as a baby and child, had been reared by a warm, affectionate nurse and a more distant mother, and was called happy and healthy—a state which she later recognized as hypomanic, following infantile depression.

Between 17,[3] when she attempted suicide first, and 32, when she began analysis with me, she had nine prolonged depressions, seven prolonged manic states, and two short periods of calmness. She attempted suicide twice, she married, bore two children, divorced, and remarried. She had electro-convulsive treatment twice, and two periods of analysis, the first of sixteen months ending when her analyst died, and the second of fifteen months, when her analyst moved from the city where she lived.

Pearl, while manic, left her own country with her husband, and without her two children, to begin analysis[4] with me at 32. The mania lasted for several months, slowly changing to depression, from which she slowly recovered during the next two years. Shortly after becoming depressed, the children came to live with their parents. Her husband began to discuss his wife's treatment with a psycho-analyst, but did not seek treatment himself. During this depression, she went through a normal pregnancy and bore a son. Her mother died suddenly. Her father married a young woman.

Interpretations began in the first interview. Manic mechanisms became more evident in interviews, and began to show less in her external behaviour. Anxiety about the reappearance of depression ushered in the appearance of depression in interviews, and depression, to some extent, began to show in her external life. Her dread of hopelessness came to the fore, but every day in spite of increasing slowness some work was done. Months later, her inactivity reached such a point that the only material one could interpret in interviews was slight changes in the intensity and quality of facial expression, mouth and tongue movements, and occasional dreams.

She continued to believe that I was hopeful, although at times she believed her good self was lost, destroyed and past. At the same time she believed that her good self was safely and indestructibly stored in others. When she feared that her anergic state would lead to sleep in interviews to protect me from her potential attacks, she also feared going to sleep on account of the confusion in her dreams. She hoped I would sleep in interviews instead, and that my hope would not be destroyed by her hopelessness.

For many years when depressed, Pearl had had manic dreams, and when manic, her dreams were depressive. When she was manic, eventually manic dreams had ensued, and she awoke depressed. When she was depressed, depressive dreams had eventually ensued, and she woke manic.

The sleep-awake contrast had been used previously to separate depression and mania. Earlier still, the sleep-awake contrast had been used to separate intensities of feeling—the satisfaction of a daydream was less than the satisfaction of a sleep dream, or, to say it another way, a daydream based on memory had once been less satisfactory than a sleep dream hallucination based on memory, since in the daydreams it was more difficult to avoid conflict between the daydream and waking sensations.

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[3] At 17, while at university, she became depressed and took an overdose of sedative. Pearl fell in love and became manic at 20, and later became depressed and attempted suicide with rat poison. At 21, she was considered well for a time, but became depressed. At 22, she became manic and was treated with E.C.T. She married at 23 and was stable till 24, when she became depressed, became pregnant and later manic. One month after a son was born, at 25, she became depressed and remained so until 26, when she became manic. She became pregnant and remained manic until the child, a daughter, was born. At 27, Pearl became depressed and had further treatment with E.C.T. In the same year, she discovered her husband's unfaithfulness and became manic. She obtained a divorce, and at 28 she became depressed. She began analysis, which continued for 16 months, at which time her analyst died. She continued analysis for 15 months with a second analyst. At 30, she became elated, and at 31 became depressed, and continued so until she married a second time, following which she became manic.

[4] Her manic state was accompanied by recurrent erythema and dermatitis of the legs. The setting arranged for treatment became important. The family agreed to select a physician and a psychiatrist who would accept the responsibility for the treatment of physical complications and hospital care (general and psychiatric) if necessary. She discharged two physicians before finding a third whom she could continue to accept. The second dermatologist selected was suitable. The first obstetrician selected was suitable.

Gradually, such states were repeated while awake during analysis. She feared exploiting sleep, both to avoid becoming manic while awake and to avoid attacking me. She guiltily feared making me uninterested or sleepy to avoid her attacks, to avoid her making me hopeless, to avoid her seducing me into idealizing her. The unconscious and conscious hypercathexis of sleep had to be worked through before the shifting cathexis of sleep dream, daydream, thoughts of waiting, anticipating, pining, hoping, impulses of threatening, pleading, coaxing, and impulses to test reality, etc., could be brought as fully into analysis as they were.

The multivalence and the relationship of mania to inability to mourn had been little touched in her previous analyses. During the manic state, at the onset of analysis with me, the analysis of the depressive sleep dreams and manic daydreams gradually became related, in the sense that she feared the intensity of the manic idealization would lead to manic sleep dreams, and she feared that the realization of their dream nature on waking would lead to waking depression. This led to more active analysis of the fear of depression and (i) to the appearance of manic sleep dreams, and (ii) to the appearance of gradually increasing depression in interviews. As the depression in interviews became more stuporous, more confusing dreams occurred, in which manic mechanisms, depressive mechanisms, and eventually paranoid mechanisms appeared, each of a gradually more regressive type, until baby talk and baby noises, and memories of and wishes for early nursing care entered the picture. Gradually, as more infantile material entered, the oscillating balances of affect in her confusion, and the complexity of the material, became the aspect most worked with. All this was confusion to her, and as the confusion became more tolerable it became instead an acceptable complexity. The complexity became more tolerable chiefly by sublimations, at first potential and later actual, of the most infantile material entering analysis, and later her extra-analytic life at that time. The sublimations were first seen in fantasies of what life might have been up to the present, and eventually in terms of what it might become.

Along with analysis of phantasies of what life might become, she began to make two types of tests:

(i) To test possibilities, and consequently to test the reactions of others to the great changes in herself; and

(ii) To test her capacity to tolerate disappointment, and to mourn lost possibilities with increasing speed and completeness.

Parallel to this was the analysis of two aspects of transference.

The first was the repetition in the transference of pathology of the past. In relationship to this, Rosenfeld's descriptions of types of confusion present just previous to the emergence of depressive anxieties, namely, confusion of ego and object, confusion of good and bad objects and impulses, confusion of heterosexual and homosexual objects and impulses, should be remembered. When this confusion becomes transformed into tolerated, complex discrimination, the stage is set for the type of confusion described by Segal, namely, confusion which arises in schizophrenics who try to progress to depression, and feel part of their ego in the persecutor who forces them to assimilate depression, guilt, hope, and need for reparation. Assimilation or tolerance of this confusion leads to the complexity of increased sanity. These types of confusion must be carefully distinguished from what I have described if confusion is not to be confounded.

The second aspect of transference analysed concerned the becoming conscious of what had never been clearly conscious. By this I mean, not only making quite specific both the past situations which had been conscious, but also, and more importantly, the situations and the age at the time when material never previously conscious could first have entered analysis as a fact, and not just as anticipation, had she been analysed at the earlier age concerned. Parallel to such specific and dated reconstructions was the working through of what might have been normal grief and mourning for lost opportunities at these earlier ages, when they were actual, and not, as now, only lost opportunities of years past. This aspect of her analysis dealt with what analysis would have been like had she been analysed as she was becoming a manic-depressive infant and child, rather than as a patient in her thirties.

The reconstruction concerned how analysis might have enabled her to mourn normally and become an enthusiastic rather than a pathologically hypomanic child. The analysis of her attitude to the continuously and quickly changing analytic situation had, I consider, much to do with her tolerance of intense affects *during* analytic hours, and had much to do with these intense affects not showing between analytic hours. Just as in the analysis of a child, pathological affect may soon be seen mostly in the very special situation of analysis, so, in my adult patient, the intense affects she did show during the years of analysis were mostly shown only during analysis.

The analyst's respect for unconscious fantasy and dreams will make both us and our patients forever grateful to Freud. My patient's plea: 'Where were you?' I could interpret as representing her unconscious wish for analysis, for understanding, when she was a child, to further her ability to learn to cope with grief and mourning, and so to avoid a manic-depressive psychosis.

Five years after terminating analysis, Pearl is now 39, has had a fourth child, and leads an active life.

Conclusion

We seem to know more about zonal instinct conflict than ego organization in depression. The development of the superego and its relationship to the ego, to identification, to identity and to uniqueness, are being actively studied. What we need to do is to try to be more precise about the transitions between the schizophrenias and depression, and between depression and mania, neurosis, mourning, and enthusiasm, especially with regard to the factors controlling the adequacy and speed of mourning. I have put forward some views concerning some factors that lead to toleration of the complex situation from which hopeful mourning, and later enthusiasm, emerge. I hope these views may contribute to further research and practice.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

IV. THE STRUCTURE OF CHRONIC AND LATENT DEPRESSIONS[1]

By

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In clinical terms, latent and chronic depressions can be easily differentiated as two types of the same depressive disease, both being related to a melancholic depression. I use the phrase ' latent depression ' as a parallel to latent schizophrenia, thus designating a borderline condition. Here the depressive core is masked by a façade compounded of character traits and neurotic symptomatology. Obsessive compulsive character structure underlies obsessive or phobic symptoms, interspersed with trends of hysterical emotionality and suggestibility. Depressive reactions may occur at the slightest provocation. Time and again, the picture becomes enriched by a hypomanic excitability and exaltation verging on, or leading to, hypomania. Yet these moments are rather rare, except in more obvious cases of cyclothymia which then no longer qualify to be included under the term ' latent depression '.

In *chronic* depressions, the pervading manifest mood is that of gloom with general pessimism and a feeling of futility. Yet some patients are nevertheless able to continue their existence with considerable determination, especially if aided by some strong moral or religious principle, or by an ideology. But if this is lacking and the total personality belongs to the so-called asthenic group, then the general picture is that of hopeless, pessimistic futility.

Paranoid symptoms may occur in both clinical groups, either intermittently or as a permanent undertone. In special forms, a peculiar combination of depressive and schizophrenic symptomatology exists, with both psychotic elements either latent or tending to become manifest.

A structural description of both forms of the depressive disease ought to account for their common core, as well as for their apparent differences; moreover, this delineation should explain the transition from a latent to a manifest depression, in the same way that a structural outline of latent schizophrenia must account for the occurrence of manifest psychotic episodes.

Prevalence of introjective mechanisms on a primitive level is certainly an element common to both forms of depression. Vestiges of old introjective processes, to which the infantile ego once resorted in order to handle its losses and disappointments, remain enshrined in the unconscious ego, in the form of introjects. The introjects, representing the original parental objects, assume a primitive and concrete form, similar to that which we observe in latent schizophrenia; yet in contrast to that clinical condition, these introjects represent predominantly objects of mourning.

In more extreme cases, when the mourning has been particularly severe, especially when the lost love objects were multiple, the unconscious ego appears to be filled with introjects which have absorbed the major part of both instinctual energies. The self-image of these individuals has been shaped, by and large, by an identification with, or/and as a reaction to, the introjected parental images.

Accordingly, on the whole, the self is also ambivalently cathected and may be similarly distorted. To make it more clear, the image of the self may range along the entire spectrum from narcissistic over-evaluation to hateful self-debasement. Conflicts raging between the infantile ego and the distorted parental figures are re-enacted on the intrapsychic stage; that is, between the self and the superego. The latter is represented by introjected parental imagos which have become the prototypes of the superego. The more primitive and distorted the parental introjects, the more archaic the superego; that is, the more imbued with primitive aggression and primary narcissism. Such an archaic superego goads the ego with missions impossible to fulfil and punishes it with relentless cruelty. Guilt, shame, and loss of self-esteem are inflicted on the ego by this implacable taskmaster.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

These conflicts are the ego's source of permanent discontent and disappointment in the self. This constellation contributes to a permanent core of depression which may be masked by some special attainment. New love or some ambitious or creative advance provide the primitive ego-ideal with temporary gratification. When this happens, the ego is pervaded with a mood of enthusiasm. Sooner or later, however, the lovely novelty of gratification wears off; the ego-ideal once more turns on its other side; it changes into the nagging, hostile superego. The self is blamed and punished with the same old cruelty, and once again existence appears futile and hopeless.

An important contribution to this constellation may be made by events causing, at an early age, serious damage to the image of the self. For instance, in the case of a crippling physical illness, the ego may preserve the earlier image of a perfect physical self. This undamaged self has become highly cathected with narcissistic libido. The contrast between this image and the real physical self may act as a source of narcissistic mortification and potential depression. In latent depression it is veiled by various attempts at true or pseudo-compensation. The idea of permanent union and exchange with an idealized or sadistically distorted parental figure may add a specific element to this constellation. In this case, significant patterns of acting out serve an unconscious objective: the restoration of the damaged self.

The significance of early loss of, or disappointment in, a beloved parent, or of damage to the somatic self, is reflected in feelings of guilt (and, consequently, the need for punishment); even if, at first, the beloved parent is blamed for the misfortune, inevitably the blame is turned against the self. Thus these early traumata acquire the meaning of an irreparable castigation.

The reciprocity of the relationship between the infantile ego and parental figures, or between the ego and the introjects, compels the ego to seek suffering as a means of *endearing* the introjects and the superego.

The infantile dependence of the ego thus acquires typically masochistic implications. The ego behaves as though the parental figures would be gratified by its suffering, like the believer of old who was compelled to please the gods with offerings, or even with self-immolation. The constant and permanent offerings brought by the ego to its own omnipotent figures become the price it has to pay for its security, and, in extreme cases, the payment becomes a guarantee of survival. This masochistic dependence brings about the fear of abandonment by the parental figure: most depressives can be placed in the category which the late Charles Odier called *les abandoniens*. To the depressive, ego weakness and suffering become a guarantee of permanent protection and support by the parental figure. Underlying this is the typical conviction that the parent demands such payment and would abandon the child if it displayed aggression and independence.

This bond of suffering, which I have described elsewhere as the cornerstone of moral masochism, is based on the phantasy of reciprocal and permanent exchange between the self and a parental imago. Should the parental figure be endowed with real and not simply imaginary cruelty, then a sado-masochistic variety may develop. One of my patients, in characterizing her relationship to her father, called this a veritable ' folie à deux '. Some neurotic marriages are based on just such an extremely adhesive bond, which requires a permanent depressive state in one or the other partner as the only possible condition for marital functioning.

This situation becomes particularly poignant when both partners are depressives who need each other as substitute objects which, in both their unconscious phantasies, are supposed to play the role of the rescuing parent. Here the situation is truly tragic, since each partner expects from the other the opposite of what the latter is able to give. Such object choices clearly indicate their masochistic origin.

Since, in the course of a depressive development, some libidinal regression inevitably takes place, the self may become an important substitute object. Unfortunately it also turns into the focus on which aggressive energies centre. A characteristic conflict thus develops: the ego is torn by excessive narcissistic love for, and hostility against, the self.

An outline of the process would delineate it more graphically: first, in a quasi-circular motion, the superego absorbs the sadism of the archaic and barely differentiated ego; this sadism is then added to the introjected aggression of the parental objects, and this compounded aggression is, in turn, focused upon the self.

Thus, *primitive* aggression as well as narcissistic libido is deposited in the self. This scheme of vectorial forces expresses the defencelessness of the self which has become the final target of boundless love and limitless hate.

Although parental introjects (and the self) absorb a great deal of destructive aggression, they are unable to bind this aggression completely so that some quanta must be discharged on to substitute objects. Thus, persons in reality are selected: naturally, this too becomes a source for the provocative acting out so characteristic of the depressive-masochistic personality. Obviously, neither the aggressive nor the masochistic urge, nor even the wish to secure absolute love, can ever be fully gratified with these internal and external provocations: more often than not they achieve the opposite of what they manifestly strive to achieve.

I am aware that in my description I have switched imperceptibly from the delineation of a chronic depression to that of a masochistic personality. But then it should be clear from the onset that elements of moral masochism are the basic ingredients of a chronic depression. The main difference between these two types lies in the latter's obviously depressive mood and in some degree of regression and depersonalization. Some degree of regression accompanies every serious loss of a significant object, especially when this loss is suffered by an immature ego. Narcissistic regression and secondary reinvestment of the self reinforce the cathexis of the archaic imagos.

The regressed ego is opposed to the full cathexis of new objects. Instead of full object relations, this ego engages in pseudo-relations with pseudo-objects. A favourable background for such a regression is provided by the inadequate object relations achieved by these individuals. Pregenital libidinal quanta play here a predominant role. Consequently affects are blurred and every actual emotional involvement appears to be veiled, reminiscent of what one sees in depersonalization. The formation of new introjects is seriously impeded, so that true acquisition of new knowledge may be no less hampered than the growth of love. This resistance helps the ego to maintain a kind of autarky, a form of pseudo self-sufficiency: in reality, it reflects an attitude of deep dependence on archaic objects (introjects) and their substitutes.

In this way, the cognitive as well as the affective functions of the ego are prevented from functioning fully. In addition the ego, frightened as it is by its own aggression which has regressed to and/or remained fixated on the level of primitive rage, tries to neutralize and deny this hostility by isolation and a façade of weakness and helplessness.

Intellectual functions may suffer a secondary phallic reinvestment which makes them even more subject to defensive and minimizing denial. Auto-erotic phantasies and autoplastic mechanisms are put into action, thereby reinforcing the pseudo-autarky of the regressed ego. In one of my patients, urine retention, and the consequent fulness of her bladder, served to replace the maternal breast, while, at the same time, compulsive urination and masturbation aimed at compelling, in her fantasy, the growth of her clitoris; and this was supposed to serve as a substitute for the paternal phallus.

It is largely through the mechanism of isolation that the conscious ego maintains itself without being submerged by the unconscious with its archaic introjects and primitive impulses. Yet, like every other defensive device, this, too, is not fool-proof. Despite its isolation, the ego time and again is permeated with the feeling of general badness; this feeling, which in latent depressives is held in abeyance, is more or less present in the consciousness of the chronic depressive. It erupts in flashes of painful ' insight ' during the analysis. Then, in contrast to its former isolation, the ego yields to the error of *pars pro toto;* instead of seeing that badness as part of the self, the self becomes convinced that it is a complete and utter monster.

In latent depressions, the depressive core is overlaid by protective façades which only occasionally give way to reveal the structure of the unconscious ego. New object relations are built with insufficient cathexes, since considerable quanta of libido remain invested in the introjects. Moreover, too often, the new objects selected are analogous to the original ones, or, even if they are consciously intended to rescue the ego from its original bondage, unconsciously they are selected precisely to disappoint the conscious aim and to disallow a true replacement of the original object. Thus, every inevitable disappointment in a new object reinforces the bond with the parental imagos. Such a contradiction is obviously based on the essential ambivalence of the original object relations.

Individual acting-out of segments of the unconscious ego, which cannot be permanently maintained in isolation, is an important part of the symptomatology. Thus, unsublimated primitive aggression may break through in manifold ways, ranging from simple provocation to outright delinquency—always, of course, with the clear, albeit unconscious, goal of masochistic provocation.

Every new disappointment—and, as a result of the psychic structure, such reversals are inevitable—in heterosexual love relationships may lead not only to a new bout of depression but also to an unconscious shift towards a homosexual object choice, with still another disappointment following in the wake of the former. (The homosexual shift and disappointment may follow a course preformed in childhood.) Here, however, the results may be quite different. Not only does such disillusionment reinforce the depressive reaction, but, in mobilizing the characteristic defensive mechanism of massive projection, it may enrich the depressive picture with more or less clear-cut paranoid features.

The low self-esteem, the aggressively sadistic superego, and the highly ambivalent cathexis of original hetero- and homosexual objects, lead the patient back to his buried treasure: the introjects, which have been waiting in permanent readiness and, as it were, to be ejected by the patient. All these elements, characteristic of a chronic depressive structure, provide the general matrix for paranoid delusions. In some cases one can observe, with great clarity, that the ego is caught between its own hopeless clinging to depressing introjects and its own fear of reprojecting these objects. We see then that the ego is stuck, as it were, with its introjects and doubly entangled by the desire to expel those introjects as much as by the dread of renewed object loss. Since both opposite tendencies push towards resolution, the displacement of old objects by new, the conflict rages between a true object hunger which, unfortunately, only leads the patient back to the urge to incorporate ever new objects; this desire is warded off by the wish to close the ego boundaries to new introjections and in that way maintain the old imagos. Clinically, this particular structure may manifest itself in some depressive states, with strong regressive and projective tendencies, such as I have described under the heading 'The Struggle Against the Introjects.'

Here the depressive individual lives on the verge of psychotic regression and in the shadow of dread of the original (or substitute) objects which, however, do not attain the status of fully fledged persecutors.

Another important clinical manifestation of such psychic constellation can be observed in certain cases of anorexia nervosa. Here the ego's adhesive closeness to the lost object (or objects), and the extreme vulnerability of the infantile ego core, account for the individual's avoiding and withdrawing from new object relations; at the same time food remains the main target for extreme ambivalence and involvement. Phobic taboos, established so as to avoid food, also secure the uninterrupted clinging to archaic introjects. At times the absolute refusal to eat subserves the wish to extinguish one's existence and to bring about a reunion with the lost love.

On the other hand, bouts of compulsive overeating (bulimia) reflect the attempt to achieve pseudo-independence from the parental figure; yet, at the same time, this action only serves to maintain complete oral dependence on that figure, and to prevent any object-involvement on a less primitive level. Compulsive alternation of bulimia and forced elimination well express this double-edged structure of the anorexic personality.

Both opposite attitudes towards food may also express self-punishing tendencies; either is accompanied by a severe depression. On the other hand, the 'swearing-off' of either compulsion may signify, for the ego, a triumphant victory over the introject; a mood of hypomanic exaltation often results. The dichotomy between the good and the bad self corresponds to the dichotomy between good and bad nourishment: the former contributes to spiritual growth, the latter lowers the self in reducing it to the level of an animal. This alternation of psychic constellations is accompanied by significant changes in the bodily self. The body image shifts from a repulsive over-fed animal to a spiritual, lovely and lovable creature.

Finally, I would like to mention some forms of addiction as another clinical manifestation of latent depression. Here the effects of the drug serve to cover the depressive core of a personality bursting as it is with unresolved primitive hostility. In such patients, withdrawal from the drug may reveal not only the depressive core but also the tendency toward paranoid projection. Repressed homosexuality may add momentum to the formation of persecutory figures. Thus the clinical picture returns to its origins: the dread of being devoured by parental figures takes its rightful position in the constellation, and replaces both vectors of the aggressive-depressive structure, and the process of slow self-destruction by addiction. A whole chapter ought to be written on the vicissitudes of active and passive cannibalism in chronic depression.

In conclusion, brief mention should be made of the transition from latent to manifest depression, or of an acute depression occurring in a depressive personality. Generally speaking, one may say that any changes in the intrapsychic equilibrium or homeostasis may bring about a weakening of the defences and a breakdown of the façade, with the depressive core breaking through. It would be redundant to emphasize the multiplicity of relevant factors: they range from biological somatic alterations to various changes in life's constellation.

Psycho-analytic experience provides an instructive model of such acute depressive episodes on a small scale. They develop in the course of working through of earlier constellations of loss and deprivation as they appear in the transference. As the defensive façade crumbles and those early deprivations hit the ego with the old impact, it becomes flooded with anxiety; destructive impulses of the most primitive nature tend to punish the analyst as the frustrating substitute object, while at the same time the attempt is made to repeat the old process of incorporation. The realization of the futility of all these attempts as a way of making up for early loves and disappointments results in bouts of withdrawal, regression, and partial depersonalization—in brief, in a model of a transient melancholic depression. The technical mastery of the therapist should result in a final working through of these reactions and thus in the liquidation of the depressive core.

SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

V. A NOTE ON DEPRESSION IN THE SCHIZOPHRENIC[1]

By

MELANIE KLEIN, LONDON

In this contribution I shall concentrate mainly on depression as experienced by the paranoid schizophrenic. My first point arises from my contention, expressed in 1935 (1), that the paranoid position (which I later termed the paranoid-schizoid position) is bound up with splitting processes and contains the fixation points for the group of schizophrenias, while the depressive position contains the fixation points for manic-depressive illness. I also held and still hold the view that paranoid and schizoid anxieties and depressive feelings, as they may occur in more normal people under external or internal pressure, go back to these early positions which are revived in such situations.

The often-observed connexion between the groups of schizophrenic and manic-depressive illnesses can in my view be explained by the developmental link existing in infancy between the paranoid-schizoid and depressive positions. The persecutory anxieties and splitting processes characteristic of the paranoid-schizoid position continue, though changed in strength and form, into the depressive position. Emotions of depression and guilt, which develop more fully at the stage when the depressive position arises, are already (according to my newer concepts) in some measure operative during the paranoid-schizoid phase. The link between these two positions—with all the changes in the ego which they imply—is that they are both the outcome of the struggle between the life and death instincts. In the earlier stage (extending over the first three or four months of life) the anxieties arising from this struggle take on a paranoid form, and the still incoherent ego is driven to reinforce splitting processes. With the growing strength of the ego, the depressive position arises. During this stage paranoid anxieties and schizoid mechanisms diminish and depressive anxiety gains in strength. Here, too, we can see the working of the conflict between life and death instincts. The changes which have taken place are the result of alterations in the states of fusion between the two instincts.

Already in the first phase the primal object, the mother, is internalized in her good and bad aspects. I have often maintained that without the good object at least to some extent becoming part of the ego, life cannot continue. The relation to the good object, however, changes in the second quarter of the first year and the preservation of this good object is the essence of depressive anxieties. The splitting processes, too, change. Whereas at the beginning there is a splitting between the good and bad object, this happens side by side with strong fragmentation both of the ego and of the object. As the fragmentation processes become less, the division between the injured or dead object and the live one comes more into the foreground. The lessening of fragmentation and the focusing on the object go along with steps towards integration which implies a growing fusion of the two instincts in which the life instinct predominates.

In the following I shall put forward some indications why depressive features in paranoid schizophrenics are not experienced in a form which is as easily recognized as in manic-depressive states, and I shall suggest some explanations for the difference in the nature of depression as experienced in these two groups of illnesses. In the past I have laid emphasis on the distinction between paranoid anxiety, which I defined as being centred on the preservation of the ego, and depressive anxiety, which focuses on the preservation of the good internalized and external object. As

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

I see it now, this distinction is too schematic. For I have for many years put forward the view that from the beginning of post-natal life the internalization of the object is the basis of development. This implies that some internalization of the good object also occurs in the paranoid schizophrenic. From birth onwards, however, in an ego lacking in strength and subjected to violent splitting processes the internalization of the good object differs in nature and strength from that of the manic-depressive. It is less permanent, less stable, and does not allow for a sufficient identification with it. Nevertheless, since some internalization of the object does occur, anxiety on behalf of the ego—that is to say, paranoid anxiety—is bound to include also some concern for the object.

There is another new point to add: depressive anxiety and guilt (defined by me as experienced in relation to the internalized good object), in so far as they already occur in the paranoid-schizoid position, refer also to a part of the ego, namely that part which is felt to contain the good object and therefore to be the good part. That is to say, the guilt of the schizophrenic applies to destroying something good in himself and also to weakening his ego by splitting processes.

There is a second reason why the sense of guilt is experienced by the schizophrenic in a very particular form and is therefore difficult to detect. Owing to processes of fragmentation—and I shall remind you here of Schreber's capacity to divide himself into sixty souls—and to the violence with which this splitting takes place in the schizophrenic, depressive anxiety and guilt are very strongly split off. Whereas paranoid anxiety is experienced in most parts of the split ego and therefore predominates, guilt and depression are only experienced in some parts which are felt by the schizophrenic to be out of reach, until the analysis brings them into consciousness.

Moreover, since depression is mainly a result of synthesizing the good and bad object and goes with a stronger integration of the ego, the nature of the depression in the schizophrenic is bound to differ from that of the manic-depressive.

A third reason why depression is so difficult to detect in the schizophrenic is that projective identification, which is very strong in him, is used to project depression and guilt into an object—during the analytic procedure mainly into the analyst. Since re-introjection follows projective identification, the attempt towards a lasting projection of depression does not succeed.

Interesting instances of how in schizophrenics projective identification deals with depression have been given by Hanna Segal in a recent paper (2). In that paper the author exemplifies the process of improvement in schizophrenics by helping them, by the analysis of deep layers, to diminish splitting and projection and therefore to come nearer to experiencing the depressive position, with ensuing guilt and urge for reparation.

It is only in the analysis of deep layers of the mind that we come across the schizophrenic's feelings of despair about being confused and in bits. Further work enables us in some cases to get access to the feeling of guilt and depression about being dominated by destructive impulses and about having destroyed oneself and one's good object by splitting processes. As a defence against such pain we might find that fragmentation occurs again; it is only by repeated experiences of such pain and the analysis of it that progress can be made.

I wish here quite briefly to refer to the analysis of a very ill boy of nine who was incapable of learning and was deeply disturbed in his object relations. In one session he experienced strongly a feeling of despair and guilt about having fragmented himself and destroyed what was good in him, and the affection for his mother, as well as inability to express it, came up. At that moment he took his beloved watch out of his pocket, threw it on the floor and stamped on it until it was in little pieces. That meant that he both expressed and repeated the fragmentation of his self. I would now conclude that this fragmentation appeared also as a defence against the pain of integration. I have had similar experiences in the analysis of adults, only with the difference that they were not expressed by destroying a loved possession.

If the drive to make reparation is mobilized by the analysis of destructive impulses and splitting process, steps towards improvement—and sometimes towards a cure—can be made. The means of strengthening the ego, of enabling the schizophrenic to experience the split-off goodness both of himself and of the object, are based on healing the splitting process in some measure and therefore diminishing the fragmentation, which means that the lost parts of the self become more accessible to him. By contrast, I believe that although therapeutic methods of helping the schizophrenic by enabling him to perform constructive activities are useful, they are not as lasting as the analysis of deep layers of the mind and of splitting processes.

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SYMPOSIUM ON 'DEPRESSIVE ILLNESS'

VI. A NOTE ON THE PRECIPITATING FACTOR[1]

By

HERBERT A. ROSENFELD, LONDON

The point which I want to select for discussion is the problem of the precipitating factor in the depressive illness which was raised by Dr Zetzel.

Analysts starting with Freud's views expressed in his paper on mourning and melancholia believe that depressive illness is almost always precipitated by an object loss. This object loss may be a severe one such as death, but any illness of or separation from or frustration by a loved object may produce the situation of 'loss of the loved object'. I have seen for consultation and analysed many cases where the outbreak of a depressive illness was caused by such an object loss. In such cases the patients unconsciously believed that their aggression had omnipotently produced the death or illness of the object in question. It is characteristic in such situations that all earlier experiences of object loss are mobilized leading back to the earliest anxieties of the infant-mother relationship, a factor which might be regarded as a confirmation of the central importance of the depressive position as outlined by Melanie Klein.

However, we might ask if it is only a disturbance in an object relation which may mobilize depression. Freud had raised the question early on whether an injury to the ego or to *narcissism* may alone precipitate depression. I found in some of the patients breaking down with acute depression that they were confronted with a situation which made them aware that they themselves or their lives had been incomplete in certain ways. The patients were overcome by an acute sense of failure. They felt they had not fulfilled the promise of their gifts or had not developed their personality sufficiently. They were suddenly overwhelmed by a conviction that it might now be too late for them to find themselves and their purpose in life. I have observed these depressions not only in women but in men between the age of 30 and 60. This depression may be regarded as an awareness that certain parts of the patient's personality had been split off and denied. Their predepressive personality was often of an obsessional or hypomanic type similar to Dr Scott's description of his patient Pearl. One might say that in these patients depression may be regarded as being caused by the manic defence system breaking down, a manic defence which is characterized by the splitting off of certain parts of the patient's personality. These parts include not only aggressive features but are related to a capacity of the ego to bear depression, pain, and suffering, which the patient had never dealt with properly before in childhood and later on.

A normal capacity to mourn as Dr Scott has said, or to use Melanie Klein's term for the same process, a capacity to work through successfully the depressive position has to be understood not only from the point of view of object relations, but in terms of ego psychology, namely as a normal important and synthetic function of the ego. This function is an important safeguard against a severe outbreak of a depressive illness in later life.

The depressive illness in the cases I am referring to may be regarded first as a recognition by the patient of a fear or conviction that certain aspects of his personality have been irrevocably lost or destroyed, and secondly as attempts at recovery of those parts of the self. I am referring mainly to the aspect of the self I mentioned before, e.g. the lost capacity to be normally depressed and to mourn which is closely related to the capacity for being creative.

In such depressions there is a regression to the phase of infancy where the original splitting of the ego has taken place, but an important factor is also the recognition of a progressive and reparative drive, namely an attempt to regain these lost parts of the self.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

The point I am making is closely related both to Dr Scott's and Melanie Klein's contributions today, and emphasizes that the psycho-analysis of ego disturbances, like the splitting of the ego, has an important contribution to make to the understanding of the depressive illness. The importance of the internal object relations in depression has, however, still to be regarded as the most important aspect of the depressive illness.

The facts I am presenting might throw some light on the frequency of severe depressions occurring at childbirth. Apart from anxieties of a depressive or persecutory kind derived from a revival of the patient's relation to her mother I frequently found that the baby represents to the mother a good or bad part of her personality. Severe anxiety and persecution may result when the baby is identified with the bad part of the patient's personality and may produce a psychotic reaction of a schizophrenic kind. The fact that the baby generally represents the good part of the mother's self is, of course, quite normal, but depression may arise if the mother feels that the childbirth has led to an emptying of the good part of herself into the baby and so mobilizes her anxieties about good parts of herself being irrevocably lost.

THE PSYCHOLOGY OF BITTERNESS[1]

By

JAMES ALEXANDER, CHICAGO

Psycho-analysis began as an affect psychology, as witnessed by the early Breuer-Freud emphasis on phenomena such as catharsis and abreaction. Then psycho-analytic interest spread in many directions, never to return in the theoretical and investigative sense to the centrality of the importance of affects in psycho-analytic psychology, except for sporadic ventures into this area. In clinical practice, of course, affects remained always of central importance, for as Marjorie Brierley (3) pointed out, patients always forced this upon analysts. Bitterness and many other affects remain psycho-analytically unelucidated, it apparently being taken for granted that their nature is self-evident. Definitive attempts have been made to examine certain affects; for instance, Freud (7) and Abraham (1, 2) dealt with depression or melancholia. Freud (8) also dealt comprehensively with anxiety, and recently Lewin (10) did the same with elation. I could cite more instances, such as Freud (6) on jealousy, Greenson (9) on boredom, etc., but I want to point out that our science of psycho-analysis lacks an adequate general theory of the affects or affectivity, as well as studies of some of the specific affects.

There are several important aspects of affectivity. Affects are the essential human qualities of inner experience. Although animals also have affects, these are much less complex than in the human. Affects are not atomic in the Greek sense of being incapable of further analysis. The topography of the affects suffers a good deal of ambiguity in psycho-analytic theory, but the preponderant view seems to be that affects are largely or entirely conscious phenomena. This is not my view. To me it appears that affects can be repressed; that is, become unconscious as easily as other mental content. Affects have a sensory quality, as is implied by the term ‘ feelings ’ which is sometimes used as a synonym for affect, but they have a motor quality also, as indicated by the term ‘ emotions ’, in that they exert an intense motor pressure in addition to being a discharge phenomenon. Some of these will be dealt with in papers now in preparation.

It seems to me that we are now near to the point in the development of psycho-analysis where an adequate general psycho-analytic theory of affectivity might be formulated.[2]

In no science is the interrelatedness of theory and practice more clear-cut and distinct than in psycho-analysis. The central importance of affects in its clinical practice is incontestable. Therefore, the inadequacy of our knowledge of many specific affects as well as lack of an adequate general affect theory militate against advances in therapeutic psycho-analysis. This in turn blocks advances in theory. General psycho-analytic theory will lack unification until an adequate general psycho-analytic theory of affectivity is constructed.

This paper is restricted to an attempt to investigate psycho-analytically one specific affect, bitterness. I take it for granted as self-evident that bitterness is an affect, and I consider embitterment a chronic ego-state involving the whole personality, induced by the ego's task of coping with the affect when it is present to an excessive degree.

Because of space limitations this will be primarily a theoretical paper with only brief clinical references. It is hoped that other psycho-analysts will be able to test my theoretical formulations against their own clinical material. I shall attempt to deal metapsychologically with the problem of bitterness, and then to make some brief attempts to apply the concepts herein presented to the realm of what is generally called applied psycho-analysis.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959. The author wishes to express his appreciation to Dr Kenneth Isaacs for suggestions incorporated in this paper. This work was partially supported by USPHS Grant M637 (C).

[2] Since this paper was written, articles have been published by S. Novey and R. de Saussure in *Int. J. Psycho-Anal.*, **40**, 2, which are significant advances in psycho-analytic affect theory.

The Phenomenology of Bitterness

From the phenomenological standpoint, bitterness is often encountered clinically, as well as in our general life experiences, but so far as my clinical experience goes, it has never been a major complaint like the symptoms and feelings which usually bring patients into treatment. Why is this? Bitterness appears to be experienced not as morbid, but rather as an unpleasant feeling justified by external reality, hence appropriate, and therefore not a sickness. Resentment is felt over what appear to the bitter person as justified grievances. This tends in the direction of making demands for the redress of the grievances. The feeling of bitterness, at least in a small degree, is a universal experience, except for those who die in early youth. It does not constitute a clinical or sociological problem unless the affect is quantitatively great. When intense, bitterness is always associated with a burning sense of unfairness or injustice, a protesting feeling of having been wronged without cause, or at least without sufficient cause. This sense of injustice is felt with deep sincerity by the embittered person.

I would like to relate here a clinical excerpt to illustrate this point. The patient was an elderly man, asthmatic, manic at times, often suicidally depressed, overtly homosexual, always obsessive-compulsive. His mother had been incredibly controlling, depreciating, castrating, etc. He was extremely intimidated, inhibited, desperately afraid of his mother. One day during his late latency his mother decided it was time her son learned to play baseball, to which end she procured, ball, bat, and glove. She exerted every effort to force him to learn, but with total lack of success. He just could not or would not learn to play baseball. He could do nothing right, he threw like a girl, etc. She finally desisted from the effort to teach him with the comment, ' I did not raise my boy to be a girlie-boy '.

This memory, which he called ' The Baseball Incident ', was a focal point in his analysis. He felt bitter towards his mother for her utter intimidation of him, but what made his cup run over with bitterness was his mother's disclaimer of any responsibility for forcing him into a passive, feminine identification, and then compounding these injustices by not allowing him to be what she had forced him to be.

To return to the phenomenology of bitterness. The affect of bitterness or the state of embitterment produces effects largely in the character structure with few somatic manifestations, that is, alloplastically rather than autoplastically. Physiological concomitants are minimal, unlike what occurs with such affects as anxiety, rage, or depression.

I do not work with children, but my general impression, derived from the analysis of adult patients, is that bitterness does not occur as a fully developed affect until the latency period, and is met with still more frequently during adolescence. Bitterness may not become manifest until adulthood, even late adulthood. Bitterness which becomes manifest only in adulthood usually follows some signal defeat—often involving treachery—in love or war or politics, etc. Everyone intuitively recognizes that a notable intrapsychic victory has been achieved when someone who has suffered a signal defeat or loss is not embittered. Observers rarely fail to comment approvingly when they find victims of grave defeats or losses who are not embittered.

My cases are too few to allow of any definite conclusions as to the incidence of this affect on the basis of sex. If I had to hazard an opinion as to sex-linkage I would say tentatively that embitterment may be more frequent in men, and sourness more frequent in women. Something will be said about sourness later in this paper. If it is true that bitterness is more common in men than in women, and sourness the reverse, I am not sure how to account for it except by speculating that it may be related to the fact that ours is a modified patriarchal form of social organization, which has tended to penalize women. Two other speculations may be relevant. One has to do with differences in psycho-sexual development, particularly in connexion with the Oedipus conflict; the other with innate differences in the instinctual drives, particularly the aggressive drives.

Qualitatively, we can detect in bitterness a querulous note (11). The querulous person seems to be asking a question of the universe in general: Why? Why? Why? The reason for this is that the bitter querulent feels reproachful, resentful, over pain whose reason he cannot understand, which appears to him unnecessary, not inevitable, but deliberately inflicted by fate—in short, as a persecution. This clearly relates bitterness to the paranoid affects.

Bitterness may fail to protect the self in states of bitter remorse over sins and follies, real or imagined. In some severe psychotic depressions, bitter scorn and contumely are heaped upon the self. Still, as Freud has shown us, these self-reproaches are really levelled against the introjected object with which the self is identified. Despite these exceptions (which are an economic problem) in which bitterness fails to keep the destructive aggression externalized, it does tend to oppose the guilty, depressive tendency to desert the self. Thus bitterness has an adaptational value which tends to maintain life in its bitter struggle for existence.

The Genetic Aspect of Bitterness

In turning to the genetic aspect of bitterness, I would like to introduce this phase of our subject with two brief clinical references. The first is that of a woman patient, a sixth-grade teacher, who was reporting a classroom incident that had occurred earlier in the day. It concerned a 12-year-old boy who often gave her trouble with his sullenness and outbursts of assaultive rage. Generally she had shown a good deal of tact and sympathetic understanding with this possibly psychotic boy. This particular day she said he had behaved like a mad dog, and then she exclaimed, ' He is so bitter he spits bile! '

The second is the case of a man who, whenever he suffered a humiliating defeat, would fall to the floor writhing in an agony of bitterness. At these times he would experience an intense bitter taste in his mouth. Lack of time forbids my relating more details than that he learned from a much older half-sister that during the latter part of his nursing experience his mother found out that the patient's father had an undivorced wife in Europe, and that therefore she was not legally married. She drove this man from the home, but continued to nurse the patient a few months longer until she went down with tuberculosis.

I would now like to state my thesis as to the genesis of the affect of bitterness; namely, that this lies in the nursing phase of life, that the erotogenic zone involved is the mouth, and that the first bitter taste comes from regurgitated bile. These factors of time, anatomical locale, and quality of sensory experience have clinical significance only in a setting of mother-infant conflict. The tasting of bile is an experience common to all, and the reaction to this experience is the anlage of the affect of bitterness. Bitterness *per se* is not pathological. When its occurrence has pathological significance, this is due to traumatic fixations which result from severe mother-infant conflict, wherein the infant's alimentation was disturbed by colic, indigestion, and vomiting. These fixations, as usual, predispose to regression with later developmental conflicts. The nature of the mother-infant conflict which produces intense bitterness has a special quality. There does not seem to be outright rejection and neglect of the infant. These mothers give the breast, but the infant feels the milk is poisoned. This is due to the infant's perception of maternal rejection, its consequent reaction of hate for the mother along with its experience of colicky abdominal pain and the bitter taste in its mouth. The memory traces of these experiences are cathected by the affect quality we call bitterness. If this cathexis is intense enough the bitterness will be pathological. If not so intense, the bitterness will have adaptation value, but if too intense it predisposes the individual to regression during the anal-urethral and phallic-oedipal phases of development. Unmastered conflicts during these developmental phases are defeats which through regression link up with the anlage of bitterness. The defeats are felt as narcissistic injuries which cause regression to more primitive kinds of object relations, which really mean object loss. Bitterness is a protest against the object loss, and a goad to desperate efforts towards reinstatement of the lost object.

I would like at this point to appeal to further clinical evidence derived from the analyses of four quite bitter persons. Two patients of mine, plus a third one reported to me by Martin Grotjahn in a personal communication, were weaned by mothers who painted their breasts with quinine. They were given the breast as often as they wished until they no longer asked to nurse. A fourth instance was of a Southern man who had had a Negro mammy. His mother weaned him by painting her breast with lampblack and presenting it to her son with the question, ' You don't want your mammy's breast, do you?' He shook his head and never asked for the breast again.

The clinical material just cited all has in common the nursing phase of life, weaning through trickery without actual refusal to give the breast, bitter taste, only partial rejection with absence of neglect.

Sourness

Let us turn to a related affect or affect state, that of sourness. The first sour taste comes from regurgitated hydrochloric acid. The neglected, starved infant has no milk in its stomach for the casein to absorb the hydrochloric acid. Its vomit thus tastes very sour. It seems that the sour person feels more completely rejected than the bitter person. The infant who is fed but feels poisoned by its mother's hate and its own hate for the mother seems to vomit contents more distinctively bitter than sour. These different physiological and psychological experiences produce different affects and different characterological effects. It appears that the anlage of sourness develops slightly earlier than the anlage of bitterness, though both appear during the nursing phase of life. The fully developed affect of sourness also appears earlier than the fully developed affect of bitterness, which so far as I can tell is not seen until latency. The cross, ill-tempered, disagreeable—in short, the sour—child is often seen among young children who have not reached the latency period. The embittered person is likely to be more verbal, more intellectually concerned with justice, defending his right to anger and to the demand for redress of injustices, whereas the sour person is likely to be less articulate, but just hostile in an intransigent, uncompromising way. The sour person is not concerned with justice. The expression ' sour old maid ' is used of an elderly unmarried woman who has regressed under the impact of disappointment and blasted hopes to pregenital fixations, mainly at the oral level. The character structure is dominated by the affect of sourness, usually with some admixture of bitterness. Her attitude, then, to the external world is chronically unhappy, bitingly attacking. All sweetness is eaten away by the acidulous sourness.

Ezekiel 18.2 says: ' The fathers have eaten sour grapes, and the children's teeth are set on edge.' This suggests the importance of dentition in the development of the affect of sourness. Bitter substances have little effect upon the teeth. Though the taste of sourness is experienced very early, this sensory experience does not at once produce the affect of sourness. Everyone feels sour on occasion, but this fact has no clinical significance unless the sourness is quantitatively great, in which case it results from severe disturbances in mother-infant relationship, such as severe maternal rejection. The affective response to this situation experienced along with the sour taste, particularly after dentition begins in the second half of the first year of life, generates the affect of sourness. The sour disposition predisposes to failures and disappointments, souring one further on life, in turn making satisfactions ever less likely.

The importance of the concept of justice/injustice in the genesis of the affect of bitterness indicates that a great deal of psychic differentiation has had to occur before bitterness can exist. Sourness can exist with less structural differentiation than bitterness. Structuralization of the psychic apparatus into the tripartite entities of ego, superego, and id has had to occur before bitterness can be felt. An ego-ideal has to exist for the ego to entertain concepts such as justice/injustice, and to render judgements on this basis. Sourness is a more primitive affect than bitterness. Sourness requires no more in the way of differentiation of the undifferentiated psychic apparatus present at birth than the primitive ego and id.

Comparison of Bitterness with Depression

Thus we see that bitterness is not a simple affect, if there be any such thing. However, it is a specific affect, a qualitative entity, not just a medley of other affects. I assume that some affects are simpler than others. Sourness appears to be a simpler affect than bitterness. Anger and rage are simple affects. Depression is not an affect, but a complicated ego-state made up from the affective standpoint of a medley of affects such as sadness, hate, guilt, anxiety, and other affects. Rochlin (11) has shown that the early reaction to loss is withdrawal. Depression can occur only later. Spitz (13) and Engel (4, 5) have shown that anxiety cannot occur before about the eighth month. Before that, only the precursors of anxiety exist. These are startle reaction, more or less global unpleasure, distress, restlessness. While the state of embitterment is an unhappy state, the self-accusing melancholy of depression is not present. In bitterness, defeat is not conceded as an intrapsychic event. In bitterness, final defeat may be conceded, but the defeat is wrought by external forces, usually treacherously. Bitterness tends to influence the ego to resort to the use of projection as a defence mechanism, thus reproaching the object rather than the self as in the depressions. Bitterness has a centrifugal rather than a centripetal effect. This is one of the main economic functions of bitterness in psychodynamics.

More extended comparisons of bitterness with depression cause one to note that depressions are poorly rationalized, whereas bitterness is well rationalized. There are agitated depressions, but, by and large, depression tends in the direction of passivity, while bitterness is a goad to action, often reckless action. Depression tends towards solitariness rather than towards group formation. Bitterness has a socially cohesive effect, though of a factional character. In depression, projection is not much resorted to because guilty submission to the punitive introjects occurs. Bitterness promotes the proclivity to resort to the use of projection. Object-relatedness is reduced by depression. Bitterness tends to produce and maintain strong, maybe pathological, but certainly strong object relationships. The projection in bitterness consists not only of the punitive introjects but also of the pain within the self. This pain is a native part of the self, but under the sway of the pleasure principle the ego would like to disown it. The projection of the punitive introjects means that the battle with the object world is on again. Thus bitterness is more likely to result in murder, whereas depression is more likely to cause suicide.

Typical Ways in which the Ego handles the Affect of Bitterness

It is time now to examine some of the typical ways in which the ego deals with the affect of bitterness. It seems that poets, philosophers, and religious writers agree with the common experience of mankind that life is bitter. Therefore, a good adjustment or adaptation to life would require that the ego deal adequately with this reality, the bitterness of life. Sometimes the ego of certain individuals never copes with this reality except by phobic avoidance. One such individual was a man who avoided arguments at all costs. He was peculiar in his dietary habits, never eating anything sour or bitter. He ate only sweet and salty foods. He got through life by constant placation and cajolery. He was alcoholic. He rarely admitted anger (and only when drinking) and never admitted bitterness, though he had experienced much he could have felt bitter about.

Another way some egos deal with bitterness is to use it to justify brutal aggression. Such persons assert that injustice and treachery have embittered them beyond endurance. This way of handling bitterness has important sociological implications.

Masochistic adaptations to bitterness are common. In one type bitter defeats are masochistically enjoyed openly. One such woman would make pessimistic predictions about the unsatisfactory outcome of something or other. Then she would unconsciously connive at bringing it to the predicted bad end. At such times, she would smile in a more or less pleased manner and say, 'Now wouldn't you just know the damned thing would turn out that way!'

In another type the masochistic enjoyment of bitterness is vehemently denied. One man would unconsciously connive at his own bitter defeats and humiliations. When the defeat or humiliation was accomplished, he would on some occasions fall to the floor and writhe almost orgastically while experiencing an intensely bitter taste. This symptom seemed to be hallucinatory. The way this man's ego handled his intense bitterness was to enjoy it masochistically, but to deny the masochistic enjoyment. He spent much of his analysis denying that he contrived his own bitter defeats and that he enjoyed them.

Some Applications of the Theoretical Formulations on the Subject of Bitterness

I would now like to make some brief applications of the theoretical formulations about bitterness here presented to some areas of the realm generally called applied psycho-analysis. In the area of wit and humour, I will cite Webster's *Dictionary*, which says that the essence of sarcasm is bitterness. The sardonic is a variety of the sarcastic which is especially brutal, but at the same time the bitter aggression is somewhat masked by a veneer of suavity. As an instance of the sardonic, Ambrose Bierce opens one of his stories with this sentence: 'Early one June morning in 1872 I murdered my father—an act which made a deep impression on me at the time.' Grisly humour is grim humour associated with the horrible and the horrifying, but it is without bitterness in any significant sense. There are always at least traces of bitterness in irony, but usually the bitter aggression is gentler than in sarcasm. Cynicism refuses to take anything seriously, and bitterness tends to produce seriousness. The cynical person is sour rather than bitter. Bitterness tends to produce irony, sarcasm, or the sardonic rather than the cynical.

Bitterness is commonly encountered in literature. Ambrose Bierce, already referred to, in his *Devil's Dictionary* thus defines marriage: 'The state or condition of a community consisting of a master, a mistress, and two slaves, making in all, two.' This is an example of bitter wit. Robert Burton wrote *The Anatomy of Melancholy*. Herman Melville wrote the anatomy of bitterness, *The Confidence-Man*. Perhaps the greatest of all satirists is Jonathan Swift. Great bitterness infuses all his writings.

Time forbids citing further literary examples, but I would call attention to the importance of the understanding of the psychology of bitterness to penology. The attempt to avoid giving cause for bitterness in handling delinquents and convicted criminals seems obvious. Sociological and political implications of bitterness are clearly evident. Bitter persons in the populace act as a reservoir of malcontents ready to take violent action, such as leading a mob or being in the forefront of revolutions or embittered labour disputes. Defeats in war, followed by harsh peace terms, are conducive to widespread embitterment; for instance, Germany after World War I and the Confederate States of America after the Civil War.

Closing Formulations

Finally, it seems evident that dynamically, bitterness exerts a considerable, even a dominating, influence on how we love and hate. The pathological handling of excessive amounts of bitterness either sadistically or masochistically interferes with loving, making it precariously brittle, or even impossible. Phobic avoidance of bitterness has grave effects upon the personality also. As a mordant fixes a dye in the fabric of a textile, so does bitterness fix hostile aggression; that is, bitterness changes anger into hate. The embittered person finds it hard to forgive when his sense of justice is offended. When the mordant is sourness the internal object representations are cathected hatefully without deterrence by scruples about justice. Economically, bitterness acts as a facilitator in the adjustment to the reality that life is bitter; that is, in the transition from the pleasure principle to the reality principle. Bitterness is a complex affect with equally complex vicissitudes in the ego's handling of it. If the ego does not have phobically to avoid bitterness or succumb to it sado-masochistically, it adds new and meaningful dimensions to the reality it perceives and experiences pleasantly. This is more or less parallel to the addition of the bitter taste as acceptable to the palate, thus avoiding insipidity and monotony.

The instinctual impulses by definition are innate. The aggressive energies can become destructive in intent if there is too much frustration or other varieties of pain. The affective accompaniment of the earliest mobilization of destructive aggression I will call rage. Even though we usually understand the word rage in the superlative sense, the affect I have in mind at this point still has degrees of intensity and is objectless. With a certain amount of ego development comes an awareness of objects, and the rage can become focused upon objects. If the rage cannot be abreacted, or the object forgiven, the object is then hated. This last sentence refers only to the deployment of hostile aggressive cathexes, that is, it deals with quantity and direction, but not with quality. The qualitative change that turns rage into hate is through the addition of bitterness or sourness, though the quality of the hate is different depending on whether the added affect is bitterness or sourness. Freud in various writings such as the *Three Essays* has mapped the vicissitudes of the libido. No nearly so adequate mapping of the aggressive cathexes exists. A partial check can be made on the correctness of the above contention through introspection when we recall that whenever we have hated we have felt bitterly toward the object.

I am told a greeting among Chinese peasants is ‘We eat bitterness’. This seems admirably to sum up my thesis that the bitter taste and the affect of bitterness are closely related. Ego development makes more differentiated affects possible, and the affects in turn further ego differentiation. Bitterness can occur only after considerable ego development has occurred, and in turn plays a part in further ego development. Just as with other affects such as anxiety, bitterness has positive adaptational value if not too intense. If bitterness is quantitatively too great it causes ego distortions and attendant disturbances in loving and hating.

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SØREN KIERKEGAARD'S MOOD SWINGS[1]

By

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It may sound presumptuous for a guest from abroad to talk in Copenhagen about the Danish genius whose prophetic writings have influenced the thinking of later generations all over the world. Kierkegaard was a forerunner of existential philosophy (Husserl, Jaspers, Heidegger, Sartre) as well as of modern psycho-analytical psychology. His psychology was that of a poet and philosopher, not that of a scientist. It grew out of his self-observations. He expressed the most delicate nuances of his emotional experiences in his diaries, and his poetic-philosophical writings represent a veiled, yet most intimate autobiographical confession. There exists a vast literature on Kierkegaard in Danish and other languages. For my limited purposes I found particularly useful the Danish biographer of Kierkegaard, Johannes Hohlenberg (6), and a German psycho-analytic study of Kierkegaard by Fanny Lowtzky (18) with the subtitle: *The Subjective Experience and the Religious Revelation: a Psycho-Analytic Study of an Almost-Self-analysis.* Fanny Lowtzky describes how close Kierkegaard came to discovering his Oedipus conflict and how he tried to solve it in philosophical and religious terms. Since this publication in 1935 we have gained a deeper understanding of psycho-analytic ego-psychology. Ernst Kris has shed light on the process of creative sublimations in his *Psychoanalytic Explorations of Art* (16), Lawrence Kubie has described the contribution of preconscious processes to creativity depending ' upon freedom in gathering, assembling, comparing and reshuffling of ideas '. This creativity is according to Kubie as universal as the neurotic process that hampers creativity (17). Phyllis Greenacre has developed ' collective alternates ' in ' The Family Romance of the Artist ' (5), and Erik H. Erikson in his book *Young Man Luther* (2) has brought to life the inner revolutions of another religious genius who, like Søren Kierkegaard, suffered from manic-depressive mood swings.

We hesitate to apply a psychiatric classification to a genius. But there is no doubt that Kierkegaard's mood swings reached extremes, in which, corresponding to Edith Jacobson's article on ' Normal and Pathological Moods: Their Nature and Functions ' (7), the subject as well as the entire object world appears unpleasantly or pleasantly transformed. Two examples may illustrate Kierkegaard's extreme moods. In 1839 he wrote in his *Journals*:

> The whole of existence frightens me, from the smallest fly to the mystery of the Incarnation; everything is unintelligible to me, most of all myself; the whole of existence is poisoned in my sight, particularly myself. Great is my sorrow and without bounds; no man knows it, only God in Heaven, and he will not console me; no man can console me, only God in Heaven and he will not have mercy upon me (11, No. 275).

In an 'Attempt in Experimental Psychology ' called *Repetition*, published in 1843, he wrote:

> I was at the highest peak and surmised the dizzy maximum which is not indicated on any scale of well-being, not even on the poetical thermometer. The body had lost all its earthly heaviness, it was as though I had no body . . . every function enjoyed its completest satisfaction, every nerve tingled with delight . . . every thought proffered itself with festal gladness and solemnity, the silliest conceit not less than the richest idea. . . . The whole of existence seemed to be, as it were, in love with me, and everything vibrated in preordained rapport with my being (12, pp. 74–5).

Kierkegaard was aware that his melancholy had its roots in his childhood. He wrote in his *Journals* that sorrow in adulthood can depress the conscious mind, but ' the terrible thing is when a man's consciousness is subjected to such pressure from childhood up that not even the elasticity of the soul, not all the energy of freedom can rid him of it, (of) something which lies as it were beyond the conscious itself (11, No. 420).

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

It is remarkable that Kierkegaard never mentioned his mother in his writings. She was, according to Hohlenberg, ' a good-natured housewife, a mother hen to her chickens who could not accompany them on their flight ' (6, p. 42). If there had been a strong early tie between this mother and Søren, her youngest child, it was soon replaced by a tie of intense identification between father and son. The father was a gifted melancholy man tormented by religious scruples. As a poor, lonely, starving and freezing shepherd boy he had cursed God for neglecting him, but he had worked his way up and had become a wealthy merchant. His first beloved wife died childless. Since he had impregnated a relative, working as servant in his household, he felt obliged to marry her still in the year of mourning. But he never loved her. Søren suspected from the father's veiled intimations his guilt due to loveless sexual greed. The father was 57 at Søren's birth, and Søren was the last of seven children. The old man experienced his wealth and success as a curse. His second wife and five of his children died before him. Søren was a hunchbacked, precocious child with a rich intellectual and emotional endowment. Outlandishly dressed, without physical strength, he defended himself against ridicule with his keen wit and sharp argumentativeness, which gave him the nickname ' the fork ' (6). He, too, expected an early death. The father saw in him a sacrificial lamb, destined to expiate his guilt. Søren shared the father's ' silent despair ' (11, No. 483) and his daydreams. The father retired early from business and dedicated himself to the youngest, favourite son. He took him on long exhausting walks through the rooms of their house, visiting foreign countries in their imagination, talking with imaginary people and arguing about the gloomy aspects of religion. On the other hand, the father was given to frightening outbreaks of rage which reduced the child to guilt, despair, and spiritual impotence (6).

We cannot exclude a hereditary factor in Kierkegaard's mood swings, but, in addition, the symbiotic identification with a melancholy father must have intensified the son's suffering. Freud in a footnote to *The Ego and the Id* mentioned ' borrowed guilt feelings ' related to melancholia (4). Fenichel took over this concept in his paper on ' Identification ' (3, p. 318). Identification is a stage preliminary to object love, characterized by ambivalence, empathic emotional contamination; at this stage the primary process of emotional orientation is not yet mastered by rational understanding. There is a yearning for the primary union of trust and absolute security, but a persisting overprotective symbiosis by which Therese Benedek characterizes the 'depressive constellation' (1) smothers and misdirects the child's own instinctual impulses. He develops a defensive secondary narcissism reinforced later by the messianic ego-ideal to become the depressed parent's saviour, an aim of superb grandiosity, an all-or-none alternative, doomed to annihilating failure again and again. The young Kierkegaard was not fully able to discriminate the lonely, unique ' I ' from the engulfing ' you '. The symbiotic identification with a father who could not confirm the positive values of life, who was torn by a rift between sacred and profane love, made the son doubt his own sexual role as a male. He described in *Stages of Life's Way* the reproduction of a primal scene as ' Solomon's Dream ' (14, pp. 236–7). ' The son was blissful in his devotion to his father,' he wrote. In the night Solomon sneaked into his royal father David's bedroom, frightened by the idea of a murderous raid. He found the old hero prostrate in despair with the bitterest accusations of remorse about his sexual greed. The son recognized in trepidation that ' one must be an ungodly man to be God's elect ' (14). ' If there is any pang of sympathy, it is that of having to be ashamed of one's father, of him whom one loves above all. . . .' (14). And ' Solomon's spine was broken ' (15, p. 227) by too heavy a load (an allusion to Søren's hunchback and a symbolic expression of his castration anxiety).

The burden of borrowed guilt feelings prevented a full consolidation of Kierkegaard's ego. His superego was split up into many ego-ideals eliciting in a prolonged adolescence the stormy crises of identity that Erikson describes in Luther's adolescence (2). Submitting to the father's wish Kierkegaard studied theology, but he soon turned in rebellion to aesthetic interests, romantic poetry. He became a leader in debating clubs. He passed the nights in coffee houses, theatres, and elegant restaurants. He spent the money of his inconsistently indulgent father lavishly. According to family standards he led a dissolute life. Only after the father's death he finished his theological studies without sidestepping, but he did not become a cleric.

One year before the father's death he met Regine Olsen, then 14 years old, ten years younger than Søren. He fell in love with her at first sight. Regine was the girl of his erotic dreams; he carried his dreams in him for three years. After he passed his examinations, he declared his love to her. He was intensely persuasive in his passion. He overcame her hesitation and became engaged to her. But as soon as he had made this commitment, the image of his fervent hopes changed into the pale image of his memories. Søren became the victim of doubts. Could he, burdened by depressive mood swings, carry the responsibility of this commitment, would the rift between his erotic ecstasies and the obligations of conjugal love ever heal? Was he not going to destroy her and himself? Was he not a frivolous seducer, a Faust, a Don Juan, or Ahasuerus, the eternally wandering Jew? Was it not selfish to ask for salvation through love? Could he trust like Sara, the bride of Tobias in the biblical legend, the woman whose six previous bridegrooms were killed by a demon on the wedding night and who nevertheless accepted Tobias' love and trusted to be healed by it? He saw himself in the role of Hamlet or of Richard III. This flood of male and female self-images indicates the anxiety that foreshadows the dangers of ego-disintegration. Kierkegaard wrote: ' The misfortune really is that no sooner has one evolved something, than one becomes it oneself. I told you the other day about an idea for a Faust. I only now feel, it was myself I was describing; I have hardly read or thought about an illness before I have it ' (11, No. 90).

For one year Kierkegaard tried to play the part of the considerate conventional fiancé. He tried to convince Regine that he was unworthy. He was deeply distressed by her clinging attachment. His conflict was a double bind: ' Do it and you will regret it. Do it not and you will regret it, too ' (6, p. 91). At last he broke the engagement, deeply humiliated by his defeat, Regine's misery, and the accusations of public opinion.

He saved himself from disintegration by a fever of creative writing, in a kind of manic mood. He wrote to find himself, to explain himself to Regine, to win her back, not as a wife, but as the muse of his creativity. He wrote under an array of pseudonyms: Victor Eremita, Constantin Constantius, Johannes de Silentio, Frater Taciturnus, the Quidam of a psychological experiment, etc. By the pseudonyms he concealed himself in shame, and yet he was bursting out in defiant self-revelation. The pseudonyms indicate his various self-images, ego-ideals which he tried on for size in order to collect different aspects of reality. Kierkegaard's Socratic self-irony played with these various roles sometimes like a child, yet deeply serious in his search for integration. In his inward trial ' Guilty?/Not guilty ' (14) he raged with the indignation of a Job against whom God had conspired with the devil to take away all he loved to test his faith. Was he, Søren, not also innocent? Was there still any hope that would reorganize his future or was he entering the Inferno where hope and love are dead?

He rephrased the myth of Antigone (8, pp. 125–33) to explain his secret destiny to Regine: Antigone has discovered the secret crime in the life of Oedipus her father, and that she is the fruit of an ill-fated incestuous bond. Her father dies without sharing his secret with her or with any one. Antigone does not dare to accept the wooing of a lover to whom she is deeply attracted, since she cannot betray her dead father's secret; she is bound by filial duty and is free to love only when she dies.

Kierkegaard repeated the theme of the Oedipus conflict in many variations. In the variation of Periander (14, pp. 298–302), Tyrant of Corinth, he described the contradictions in his father's character. Periander spoke as a God-fearing, wise, and generous man, but he acted like a madman. He had had an incestuous relation to his mother and murdered his wife; the son rebelled against him but then forgave him. In these variations of the oedipal theme it is significant that always the father is guilty and the child borrows the guilt. The Antigone variation indicates Søren's feminine identification and the homoerotic aspects of his tie to the father.

In his prodigious writings Kierkegaard gradually reconciled the dialectic tensions that had torn his soul. His bisexual endowment, his masculine and feminine identifications, his active and passive ego-ideals slowly reached the stage of ego-integration and superego consolidation. Kierkegaard never had to beg his muse for inspiration. He was flooded with ideas. And what he passively and gratefully received as inspiration he actively and forcefully elaborated into his own convictions.

His first book *Either/Or* (8) presents the battle between sensuous aesthetic immediacy and endless ethical reflections in Kierkegaard. In analytic terms the contradictions between the id and the superego appeared still irreconcilable.

But he divines a solution of the conflict on a religious plane.

In *Fear and Trembling* (9) he approaches a solution of his conflict by rephrasing the story of Abraham and Isaac in his own terms. Abraham was willing to sacrifice his only beloved son, his hope for the future, to the will of God, as he understood it, all alone without any assent of other human beings. He achieved the ' movement of infinite resignation ', he faced the nothingness that surrounds human existence, he accepted destiny as a free agent and herewith he transcended its frustrations, and the son was given back to Abraham, not in a life after death, but here and now, by ' the movement of infinite faith ' (9, pp. 65 ff.). Owing to the *credo quia absurdum* he received the son in a new trust, no longer as a selfish personal possession in his own limited existence. The *species aeternitatis* was opened to him, through the leap into faith, into the forever impredictable future. Kubie speaks of the ' leap into the dark of the genius ' (17). The legend of Abraham and Isaac reminds us that Søren's father had chosen the favourite son as sacrificial lamb for the expiation of his guilt. The legend of the Bible laid the foundation for the Jewish covenant with God and the custom of circumcision. Borrowed guilt feelings descending from father to son gave rise to the dogma of original sin, the damnation of a narcissistic asocial sexuality and the dogma of expiation of sin by a sacrificial death. The self-revelation in *Fear and Trembling* indicates that Kierkegaard was freeing himself from the selfish appropriation by and identification with his father. And to the degree he was freeing himself of this dependence, the chains of his own defensive narcissism, his arrogance, ambition, and possessiveness gradually dropped away. After a long search for identity he was finding himself, he recovered from what he called the ' Sickness unto Death ' (13, p. 44) in which he had ' desperately tried to be himself and yet also tried desperately not to be himself '. He searched for ' the knight of faith ' (9) in once-born individuals who simply trust the immediacy in living, while others twice-born, like himself, can only by the leap into faith return to this basic trust. And this leap is more than a rational yielding to the necessities of reality. Says Kierkegaard:

> The thing is to find a truth which is true for *me*, to find the idea for which I can live and die. . . . What good would it do me, if truth stood before me, cold and naked, not caring whether I recognized her or not, and producing in me a shudder of fear rather than a trusting devotion? (11, No. 90).

On this basis he built his own subjective philosophy and religion. He protested against the system-building philosophy of Hegel which encompasses the universe of man's cognitive potentialities. Kierkegaard had certainly learned much from Hegel's dialectic thinking. He emphasized the ' either/or ' of decision versus the ' and/and ' of synthesizing thought processes, religiosity versus philosophic speculation. Kierkegaard's concern was the individual, his subjective needs and passions and his dread of disintegration in the dialectical tension between his passions and the prohibitions imposed by reality. He saw the human being in a process of becoming a self, the courage of becoming conscious, transparent to himself in a struggle against the forces of self-concealment, seclusion, and illusion. Kierkegaard therewith ploughed the field for discoveries that were made in psycho-analysis a century later. I do not enter into Kierkegaard's religion and philosophy. I wanted only to give a sketch of his personal development. Kierkegaard succeeded in trusting his own spiritual potency, and in this trust he reached the experience of subjective freedom that united his will with his destiny. He had experienced his symbiotic identification with the father and the repetition compulsions of a defensive narcissism as ' original sin '; the integration of his ego, the creative liberation came to him as a gift of divine grace.

Until his early death at the age of not yet 45 Kierkegaard remained a polemic fighter, as if he had to reinforce the boundaries of a hard-won ego strength against the intrusion of a hostile world and hostile father-images. He fought against the anonymous corruption of journalism, and his sensitivity had to endure bitter counterattacks in the *Corsaire*, the Danish *Punch*. He fought against the lack of authenticity of the individual who loses his subjective freedom and personal responsibility doomed by the more or less hypocritical adjustment to the currents of a mass society. He fought against the compromising, unserious complacency of modern institutionalized Christianity and did not mince words in his attacks. He fought valiantly, but in fighting he had found the personal relation to the God of Love. He did not pile up financial gains. At his death there was only money left for the funeral. He did not gather glory in his lifetime.

But he had the conviction that his ideas would reach future generations.

Just when he had finished the last pages of his last book *The Instant* (10), Kierkegaard fell from his sofa unconscious and was taken to the hospital, where he died after a month. He presented in his last book the pregnant instant in which Time touches Eternity and demands a personal decision. In contrast to the rationalists' idea of the identity of subject and object, the unity of thought and being, Kierkegaard says 'Man is a synthesis of the infinite and the finite' (13), but this synthesis is just the opposite of identity. It is the basis of existential despair, it separates subject from object, thought from being, it reveals the dynamic insecurity of the spirit.

In the last weeks of Kierkegaard's life his friends and relatives saw him free from anxiety, though he was fully aware of his closeness to death. Unanimously, his physician, nurse, and visitors experienced a radiant serenity in the dying man, 'heart-felt love, a blessed, released sorrow, penetrating clarity and a playful smile' (6, p. 268). The words of Bertrand Russell are applicable to Kierkegaard's life and development:

> Except for those rare spirits that are born without sin, there is a cavern of darkness to be traversed before that temple can be entered. The gate of the cavern is despair, and its floor is paved with gravestones of abandoned hopes. There Self must die; there the eagerness, the greed of untamed desire must be slain, for only so can the soul be freed from the empire of Fate. But out of the cavern the Gate of Renunciation leads again to the daylight of wisdom, by whose radiance a new insight, a new joy, a new tenderness, shine forth to gladden the pilgrim's heart (19).

Kierkegaard had to overcome severe obstacles in his rich but tragic endowment: his physical handicap, the burden of borrowed guilt feelings in his prolonged symbiotic identification with a melancholy father who indulged and tormented him and was unable to offer him the image of self-assertive maleness to emulate. Søren Kierkegaard suffered from the ambivalence in this relation, from the dialectical tensions of bisexuality, in the stormy identity crises of a prolonged adolescence. He could not eradicate what he called 'the thorn in his flesh', the rift between erotic passion and the yearning for conjugal love. But his regressive tendencies entered into the service of ego integration and of the creative sublimations of the artist as Ernst Kris has described them (16). Kierkegaard mastered the dialectical tensions of bisexuality. As an adult he worked through his unsolved Oedipus conflict. He accepted his ego boundaries, renounced the overcompensations of a defensive, secondary narcissism, and in a renewal of basic trust he transcended the limitations of his individual existence. Like Luther before him and Freud after him, and other men of genius, he took the risk of non-being implied in the rejection by his contemporaries and entrusted his ideas to future generations.

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SOME CHARACTERISTICS OF THE PSYCHOPATHIC PERSONALITY[1]

By

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In this paper I shall discuss some characteristics of the psychopathic personality. I use the term here in the sense in which it is generally employed in psychiatric and psycho-analytic literature. I cannot, in a paper of this length, discuss the analytic literature on the subject, but would refer particularly to Alexander (1), Bromberg (2), Deutsch (3), Fenichel (4), Greenacre (5), Reich (9), Wittels (10). It will be seen that my approach to the problem is essentially dependent upon an understanding of the work of Melanie Klein (6, 7, 8).

I shall limit myself to describing and discussing one psychopathic patient whom I have had in treatment for about three years. I shall then draw certain conclusions from this case which seem to me, both by comparison with other psychopathic patients and from a perusal of the literature, to be relevant to the psychopathology of the non-criminal psychopath in general.

X was 16 when he came into treatment. His family is Jewish. His father is a somewhat weak and placating man; he works in a large industrial concern, but originally trained as a lawyer. The mother, of French origin, is an anxious and excitable woman who looks younger than her age. She started running a small café a few months before treatment started. There is a daughter who is two years younger and is more stable than X. There seems considerable tension between the parents, but both are concerned about X. X was referred for restless, unhappy and unsettled behaviour. He could not stick to anything, had no real interests, and was doing badly at school. His mother was anxious about his precocious sexual development and interests.

X was breast-fed for about two months; he was then put onto the bottle, as the mother had insufficient milk. He cried a lot between feeds. He appeared to have become increasingly difficult with his mother since puberty, but was overtly fairly friendly with the father despite frequent flare-ups. He went to boarding-school at 13 and in his holidays had one or two vacation jobs but could not stick to them. He seemed interested only in earning a lot of money in the easiest possible way. At 16 he was moved from boarding school to a cramming college in London in order to come to analysis. At this period he started to mix with a group of restless, near-delinquent teenagers who had no regular careers, training, or jobs, and himself remained just on the outer fringe of delinquency. He and his friends went to endless parties where there was a lot of petting with girls until all hours of the night, and they had virtually no other interests. At college he despised and mocked his teachers, did almost no work, and cut his lectures. His two ideas for his future career were to be a lawyer or to go in for catering (his parents' careers). Soon he added a third, that of being a psycho-analyst! He was extremely demanding and exploiting with his parents, getting everything he could out of them, money, food, training, and then manifestly throwing away his opportunities. About all this he showed no apparent sense of guilt, but was very bombastic, and maintained a picture of himself as being in some way special and unique. He seemed emotionally very labile and impulsive and was apparently easily influenced by his group. He would often talk in a somewhat maudlin and sentimental way. Although he considered himself universally popular, he had in fact no real friends. In appearance he was slim, with a rather effeminate gait.

It seemed to me that X was in fact clearly a psychopathic personality. His difficulties did not seem to be just those of normal adolescence; he lacked obvious neurotic symptons; he was not psychotic, and had a severely disturbed character formation. As I have suggested, he was impulsive, had a weak ego, and was apparently lacking in a conscious sense of guilt. His object-relationships were primitive, he was shallow in affect and very narcissistic.

In analysis X attended regularly, but there were periods when he would become very aggressive, would twist my interpretations, throw them back at me, verbally attack and mock at me, or would argue and cross-question like a sadistic lawyer. At other times he was on the whole co-operative, often very smooth to the point of being placating; but there was a shallow type of response to my interpretations, he seemed consciously to pay little attention to them, would vaguely say 'Yes' and go on to something else, and would not from one session to another show any continuity or refer back to insight he might have gained.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1960.

I shall now discuss three interrelated characteristics which I believe to be fundamental to X's psychopathic state. First, his striking inability to tolerate any tension; second, a particular type of attitude towards his objects; and third, a specific combination of defences with whose help he maintains a precarious but significant balance.

X constantly shows his difficulty in tolerating any kind of tension. On a primarily physical level he tears at his skin and bites his nails when he experiences any irritation; he was unable to establish proper bladder control until well into latency. He reacts to any anxiety by erecting massive defences. He cannot stand frustration and tends to act out his impulses immediately with little inhibition. Nevertheless, as I shall indicate later, a great deal that appears to be an uncontrolled acting out of impulses can be seen on further analysis to consist of complicated mechanisms to avoid inner conflict and anxiety.

As to the second point—his particular type of attitude to his objects. X is, as I have described, extremely demanding and controlling, greedy and exploiting. What he gets he spoils and wastes; then he feels frustrated and deprived and the greed and demands start again. I want to show how this pattern is based on a specific interrelationship between greed and envy. To give an example: he must have analysis, he must have the sessions at the times he wants, it does not matter how difficult it is for his parents to afford the fees, but when he has it he mocks, he disregards, and he twists the interpretations. As I see it, he knows that he wants something and will grab, almost to the point of stealing, but then his envy of the giver—of the analyst, teacher, at depth the good parents—is so intense that he spoils and wastes it, but the spoiling and wasting lead to more frustration and so augment the greed again, and the vicious circle continues. Melanie Klein in discussing an aspect of this problem says, 'Greed, envy and persecutory anxiety, which are bound up with each other, inevitably increase each other.'

As to my third point, I am suggesting that the nature of the anxieties aroused by this interrelationship between greed and envy leads to the establishment of a characteristic series of defence mechanisms. These I shall describe in more detail, and I shall suggest how they enable X to maintain a particular type of balance. I shall show how X, despite his greed, exploitation, and impulsiveness, is not a criminal; despite his envious, omnipotent incorporation of his objects, his cruelty towards them, his apparent lack of concern for them, and his resultant inner persecution, he has not become psychotic. The balance that X achieves is, as I see it, the psychopathic state—a state in which profound guilt and depression, profound persecution, and actual criminality are all constantly being evaded.

The group of defence mechanisms mainly used by X to keep this precarious balance is centred round the maintenance and actual dramatization of powerful omnipotent phantasies which are largely based on massive splitting and excessive projective and introjective identification. So long as these mechanisms are effective, X's balance can be held and breakdown warded off. I have given some instances, such as his inability to visualize any career for himself other than that of his parents or myself. Or, when he was attempting to study economics for his General Certificate of Education, he immediately saw himself as a future writer of text-books or an economic adviser to governments—not as a beginner student. I have also instanced how, when he was attending college, early on in the analysis, he in fact did no work, cut lectures, and mocked at and derided his teachers as he did myself in the transference. But when faced with the reality of exams he would firmly maintain that he could easily catch up in the two or three weeks that remained.

These defences depend upon a total introjection of, and magical identification with, the idealized, successful and desirable figures—the parents, analyst, writers of text books. This type of introjection enables him to ward off the whole area of depressive feelings. He avoids any dependence on his objects, any desire for or sense of loss of them. In addition, since he has swallowed up these idealized objects, and in his feelings stolen their capacities, he avoids envy and all competitiveness, including his oedipal rivalry. He has all the cleverness—the teachers and I are stupid, not worth his while attending to, we are the failures. Thus he splits off his wasting, failing self, his failure to make good and use what is available, and projects it into the teachers and myself. He is also magically reparative, can put everything right, e.g. the exams. In this way, failure, guilt, and depression are completely obviated.

Similar mechanisms are at work in his choice of friends. I have stated how, for a long time, he mixed only with a group of unsuccessful, near-delinquent young people. It became clear that he projected into them his own criminal self—they stole, they lied, not he; thus he avoids actual criminality and the guilt that could result. It is interesting to note, however, that on the one occasion when he did get arrested by the police, along with a delinquent friend—mistakenly as it turned out—he lived in a state of near collapse for days, confirming that in fact it is the intensity of his fear of persecution that prevents his being a criminal.

A similar method of avoiding actual criminality and persecution and yet living out his stealing impulses by projective identification can be seen in the following type of behaviour. He would give a friend 10*s*. to hand over to a storeman who would ‘ lift ’ a coat from a warehouse and get it round to X. X is constantly having to evade his inner persecuting figures and superego. These he would project into the police and parents, or, at college, his teachers, and then he allied himself with his delinquent friends against them. At other times he would identify with his inner accusing figures and turn with violent accusations against his erstwhile friends, containing his criminal self. At yet other times he would appear to do a great deal of wheedling, cajoling, and bribing of his internal figures as if constantly trying to prove that his criminal impulses were not what they seemed, as is indicated in the example of the coat ‘ lifted ’ by the storeman.

Naturally the constant use of projective identification to rid himself of the bad parts of the self and inner objects leaves him feeling more persecuted externally. This he deals with either by flight—for example he eventually could not face his college and teachers at all; or by a manic, mocking, controlling attitude, as I have described in regard to his behaviour with myself and his teachers.

The need to project these various internal figures into the external world to avoid both inner persecution and the possibility of guilt plays a role of great importance in motivating psychopaths to manoeuvre rows, brawls, and fights in their outside environment to get themselves noticed and punished and attacked for apparently petty reasons. X, when his environment did not persecute him and when he seemed to be more settled and happy and to be getting more insight, became noticeably accident-prone. He poured boiling oil on his foot and cut off the tip of his finger as if he now had to play out the role demanded by his slashing and burning internal figures. It was also obvious that he unconsciously felt that such attacks were justified. He managed in a striking manner to neglect his scalded foot. I shall later indicate how such unconscious guilt and inner persecution drove X into actual stealing and into actually being rejected.

I have so far been trying to show some of the main mechanisms that X constantly used to avoid guilt, depression, inner and external persecution, and actual criminality. I want now to mention a more extreme defensive process which may occur when these ordinary mechanisms of omnipotence and projective identification fail him, and when he is momentarily faced with psychic reality. This process—a massive fragmentation of the self and inner objects—could be seen at certain periods in the analysis when the nature and need for his omnipotence were being interpreted; then one might get a sense of immediate chaos. X might become extremely angry and abusive with me, shouting at me for being ridiculous, or he might appear to collapse, yelling ‘All right, all right, all right ’, as if he were falling completely to pieces. In these situations parts of the self and internal objects that had previously been split off and projected out and kept at bay by his holding on to the idealized omnipotent phantasies, are, by virtue of the interpretations, brought back into contact with the self. At this moment a new violent splitting and falling to pieces and projective identification takes place, since the patient feels overwhelmed by his impulses and by his emerging guilt and his internal objects; at once the bad, for example ‘ ridiculous ’ parts, as well as his inner persecuting figures, are projected into the analyst, who is attacked and abused, or is placated in a desperate masochistic manner—as with X crying, ‘All right, all right, all right ’. This splitting is now of a diffuse fragmenting type, making one aware of his nearness to schizophrenic disintegration, and his absolute need for the omnipotent defences that prevent it.

In the second part of this paper I shall bring more detailed material to illustrate some of the main points that I have been making—especially the interconnexion between greed, envy, and frustration in X and the nature and functioning of his characteristic defences.

The material I am quoting occurred about a month before a Christmas holiday. My previous patient had in fact just left, but X arrived early, and instead of going as usual to the waiting room, came straight to the consulting room, opened the door, looked in, realized his error, shut the door and then went to the waiting room.

At the beginning of the session he told a dream, which was that he was in a place like a bar which also served food; his penis seemed to have come through the zip opening of his trousers. He put it back, but then it was as if he pulled it out again; he thought that people would realize that he was a homosexual, or a pervert. There were other men, perhaps sailors, in the bar. His associations were to a bar in a village near a town D, where he stayed during the previous summer holidays. The bars there were closed on Sundays, but everyone went to the bar in the nearby village which was really meant only for travellers passing through. The penis showing through the trouser opening refers to a party the previous weekend when X got a bit drunk and a boy had his trouser opening showing. X then described how he went into a public lavatory a week or so before: the notice on the door said ' Vacant ', but when he opened the door he saw a man's bag standing on the floor inside, then realized that there was a man in the lavatory saying something to him as if inviting him to come in. X was alarmed and fled. Briefly, I am suggesting that X was showing his feelings about the coming Christmas holidays, when I was felt to be the shut bar, and he turned away to the open bar, the homosexual relationships with men, experienced as a drinking and feeding, which I connected with fellatio phantasies. As I was speaking he said that he was just thinking about masturbation phantasies he had had about sucking his own penis. He then seemed to trail off, saying that he had a heavy bag of school books with him, and wished he could leave it here in my flat. I pointed out that he seemed to be turning my flat into the lavatory scene that he had experienced the previous week, for he had started the session by pushing open the door as if maintaining that it said ' Vacant ' and was proposing to push the bag in here too.

I shall now bring together the main points that I tried to convey to him and that I want to discuss here. First there is the dramatization of the whole situation in the transference. There is also the avoidance of the frustration and anxiety about my being shut, as the mother, unavailable over the Christmas holiday, by turning greedily to the ever-open bar. But the bar is run by men; he turns to the father inside the mother, my room being a combined parent figure. There is a reference to his greed: last weekend he was a bit drunk; but the greed leads at once to envy of the person who can feed, so he incorporates the feeding penis which is equated with the breast, and omnipotently sucks from his own penis in his masturbation phantasies and will, apparently, feed the other men—the sailors. His trousers then become the ever-open bar. Thus, all feelings of anxiety about loss and possible rejection by the mother are obviated; his need and desire for her are in the men who are split-up aspects of the father. But now the father containing these bits of himself becomes an object of terror, as is seen in the association about the flight from the man in the lavatory. In the dream there is a breakthrough of persecutory fears; he puts his penis back again, as if afraid of the greed of the sailors. X achieves his omnipotent solution by becoming homosexual, meaning that he now contains the penis-breast. But the guilt and persecution about the stealing of the breast is evaded, since the actual homosexuality is projected into myself as the father seducing him.

There are two further points I want to make. First, that the homosexual collusion with the men—there are no women in the dream—is mirrored in his placating relationship with his actual father, in which both quietly denigrate the mother. Second, I am trying to show here the depth of X's omnipotent phantasies. I have already stressed his need to have both his parents' careers, and he finally chose the one based on his mother's, both her immediate one and her original maternal feeding one. In this material it becomes clear that at depth what X feels he must have is the mother's breast stolen by the father and fused with the father's penis.

I shall now bring material to illustrate more fully an aspect of what I described earlier as X's particular type of attitude to his objects. I shall show some of his ways of avoiding his deepest guilt towards his first object, especially his method of dramatizing a situation in which he is thrown out, and thus punished, for a petty crime, rather than enduring the deeper underlying guilt which would lead him to experience the depressive position.

X decided to take up catering as a career and by now was able to start in a realistic way; he was accepted at a catering college and found a job in the kitchen of a good hotel where he could get preliminary experience. He was good at the work, and, for the first time since he had been in analysis, very happy in what he was doing. Suddenly, after being there just a month, he arrived saying that the chef had given him the sack, but he did not know why, except that they were cutting down staff. This reason did not convince him. Throughout the session he spoke very restrainedly, kept telling how very helpful and nice everyone had been, the work place, the employment agency, adding frequently, ' I didn't fall to pieces, I didn't fall to pieces ', and then went back to everyone's niceness. When I showed him both his belief that the chef had now stolen his job and his potency, and his fear of facing his own despair, persecution, and hate, he suddenly said that he thought that the chef was a crook. He had once overheard a conversation which seemed to indicate that in a previous job the chef had stolen some hams. As he described this X became panicky, saying ' My anger's coming out ', and went back to describing how nice and helpful everyone had been. Right at the end of the session when speaking of his fear of his anger he said ' It's like when I went to the cinema on Saturday, they showed the film of a plane crash, where fourteen people were killed. Tears came right up behind my eyes—ordinarily you act as if you felt tearful, but this was real, it caught me by surprise, I stopped it, but in a way I was glad the feelings came.'

I want to stress three points here: first, his fear of falling to pieces if the hate, the persecution and despair were allowed to come through and overwhelm him, just as he seemed to be liable to fall to pieces in the session that I instanced earlier when his omnipotence was being analysed and he was momentarily facing psychic reality. Second, his attempt again to deal with the guilt by projecting the stealing parts of the self (as will emerge later) and the oedipal impulses towards the mother, and the robbing, castrating internal figures into the chef standing for the father, and at first even denying his fear about him. Third, the profound idealization of the self, being so quiet and constructive, and of the whole outside world other than the chef. But this splitting and idealization is now aimed also at keeping his good objects alive and safe. This can be seen by the emergence of depressive feelings; for example, the strikingly sincere way in which he spoke of the plane crash, and his fear about the crashing of his constructive work, at depth his good internal objects. But he had in fact brought about this partial crash, the loss of the good job. The reason for this emerged more clearly three days later when in response to interpretations he said that he thought that he might have been given the sack for stealing food from the hotel. Three times he had taken sandwiches home with him. So the criticism of the chef for stealing became clear. But as I shall now try to show, this petty stealing of the sandwiches which almost certainly got him the sack was, as I suggested at the beginning of this paper, not just an acting out of greedy impulses, but a more complex method of avoiding the deeper guilt and anxiety about stealing by the spoiling of his good object—at depth the mother's breast. This was shown the following day, when he arrived complaining that although he had got a new job he had only been paid one pound to keep him going. ' I can't manage, I have to pay rent, I can't manage, I shall have to borrow. At the hotel the menu is in French and I can't understand it.' I suggested that what he could not properly understand was how he got into all these muddles with money, and I should add that there was an important connexion here with the French menu, the French mother's food. He spoke of plans for paying the money back, and went on to say he had had a bad night; his hot water bottle had leaked, the stopper wasn't in properly, and the bed got damp. I suggested that the real problem was that he felt that the money, just like the analysis and his other opportunities, seemed somehow to leak away and not get used properly. He spoke about a difficulty in plans for the day; how to manage about the suitcase he had with him. If he took it to work, the doorman would go through it when he left to make sure he wasn't stealing anything, and he would be so embarrassed as it was full of soiled linen. I showed him his anxiety about taking in stuff from me, the hotel, in a stealing way, that is, not to use it himself, for example, to have a good meal but to slip it out secretly and make it into a mess represented by the soiled linen, as he did with the analysis, when the sessions again and again got lost and chaotic. He said that at the previous job it was true he did get three good meals a day, but then went to the lavatory three times a day to defaecate.

Thus, the real nature of his guilt, his self-accusations, here projected on to the doorman, concern his turning his good meals at once into faeces, my good interpretations into disregarded stuff, which are then just defaecated or leaked out.

There are two points that I want to stress here. First, I believe that it is this type of envious spoiling that is the really critical point of the guilt in these patients, leading in X to a fear of loss and rejection. This guilt and anxiety he avoids by getting himself actively thrown out of his job for apparently petty, greedy stealing. Second, it is this spoiling and wastage that leaves these patients always dissatisfied, feeling, as they express it, that ' the world owes me something ', and this stirs up greed again. Of course, this dissatisfaction is increased by their guilt, which also prevents them from feeling able to use and enjoy what they do get.

Conclusion

I am suggesting in this paper that the psychopathology of X might be considered to be typical for a large group of non-criminal psychopaths. It seems that he is particularly unable to tolerate frustration and anxiety: that he approaches his objects with an attitude of extreme greed and stealing: that the greed and experience of desire lead immediately to feelings of intense envy of the object's capacity to satisfy him; he attempts to obviate his envy both by spoiling and wasting what he gets from the object, thus making the object undesirable, and by omnipotent incorporation of the idealized object. He is faced with profound anxieties on many levels. He cannot face and work through the depressive position both because of the intensity of the persecution of his internal objects and his guilt; and because he is partially fixated in the paranoid-schizoid position owing to the strength of his envious impulses and splitting. I have tried to show how, faced with these various anxieties and impulses, he manages to keep a precarious balance, avoiding criminality on the one hand and a psychotic breakdown on the other. I have discussed the nature of the defence mechanisms—based on omnipotence, splitting, and projective and introjective identification which keeps this balance going—and am suggesting that this balance is the psychopathic state.

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A PSYCHO-ANALYTIC APPROACH TO THE TREATMENT OF THE MURDERER[1]

By

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In his 1915 paper, ' Criminality from a Sense of Guilt ' (4), Freud showed how in crime the internal situation is frequently of paramount importance, and the criminal act itself is unconsciously intended to reduce that painful internal state of affairs. He stated that the oedipal situation, with phantasies of killing the father and marrying the mother, is pivotal. He stressed, however, that by comparison with the savage phantasies, the actual crimes were trivial enough. In murderers I found quite a different situation, and was reminded of Freud's statement to Jones and Ferenczi after he had written *Totem and Taboo*, that he had gone from the study of the wish to kill to that of an actual killing, and that from wish to deed was a big step.

In looking through some of the literature on murderers I have been impressed by finding that most of the cases described were clearly psychotic, as is shown in the papers of Bromberg (3), Wertham (13), Sheehan Dare (12), Podolsky (11), Marie Bonaparte (2), and Alexander (1). Alexander also describes a neurotic attempt at murder which was part of a suicide pact which went awry. Writing from a psychiatric viewpoint Gould (7) refers to the close relationship between murder and suicide in phantasy, impulse, and action. Bromberg mentions the early excessive sexual activity of his patient and points out that the adult character trait of complete compliance in his patient was apparently a defence against deeply buried unconscious aggressive impulses. He states further that aggressive behaviour will follow when ego-strength is insufficient to combat the destructive forces derived from early oral aggression. He also says that whether murder or suicide will ensue depends upon the strength of the revenge motive, which in his particular patient was expressed by means of a murderous attack on the mother figure. The outcome, he says, was conditioned by the relative strength of projective and introjective mechanisms, murder resulting when the former, and suicide when the latter, predominate. Marie Bonaparte refers to the oedipal nature of the crime in which Mme Lefebvre shot her daughter-in-law in the presence of her son. She regarded her patient as psychotic, and said that the psychosis was due to regression to pregenital stages which had set in at the menopause. Alexander refers to jealousy and an unconscious reaction against passive homosexual impulses.

Only one of my patients was clearly psychotic, and in addition there was one border-line mental defective. I am aware, of course, that even the murderers who appeared to be sane contained within them important split-off parts of themselves which broke loose and were violently projected, resulting in murder. This internal catastrophe followed by violent action with the subsequent restoration of a kind of intra-psychic equilibrium was referred to by Wertham as the catathymic crisis.

The patients described in this paper were serving life sentences at Wormwood Scrubs prison, and to avoid repetition I will give an outline only of what I said in my 1958 paper about difficulties in carrying out treatment under the special conditions which prevailed there.

Visits to the prison took place generally only once a week. In order to make the best use of the time available each prisoner kept a diary, immune from inspection by prison officers, in which he wrote out dreams and associations. In certain cases methedrine was given intravenously on one or more occasions to evoke a life history.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

I should like to thank Her Majesty's Prison Commissioners for their permission to give this paper, and to state, as required by them, that they do not necessarily share the opinions expressed.

These extra-analytic devices seem quite undesirable, and had I any choice in the matter I should have confined myself to the standard technique of psycho-analysis even in the prison. Nevertheless the challenge had to be met, despite the many intrinsic difficulties in treating men whose freedom was so curtailed.

I had been treating other prisoners at Wormwood Scrubs for 2½ years before I was asked to take on men who had been convicted for killing other people. The words of a retired detective-inspector from Scotland Yard, in his autobiography, made me ponder upon the difference between murderers and others, including other criminals. Most people, he said, can behave in a way that shocks them so that they would wish to deny or disown such behaviour (that is, to bring in repressive forces), but only very few have locked within themselves desperate furies which in certain circumstances can burst forth and result in the savage destruction of another human being. He also says that on the whole such murderers have hitherto led apparently blameless lives.

This statement shows a wise layman's differentiation between repression and splitting processes. That the blameless lives were so only on the surface will be shown later in this paper, but the detective-inspector was making observations which from his perspective were sound. The desperate furies can remain cordoned off within the personality for years, but usually they can erupt at a time of stress or illness. It will be shown how this eruption often takes a suicidal form before finally reappearing as a murderous attack upon another human being. The choice of victim is far from simple, as will be seen from the case material. Two cases will be described at length; material from five others, though space does not permit of its inclusion, is in line with these descriptions.

Case 1. Bill was 26 years old when he was convicted for the murder of a middle-aged woman, to whom he was giving a lift in his lorry. The story was that he attempted to rape her and she screamed, so he strangled her and disposed of her body. He had been imprisoned for rape and attempted rape several times before, and he was sent to me because there was such a repetitive pattern about his crimes. Bill was singularly honest, and gave me the feeling that he was bewildered but searching for truth and understanding. The complex tangle of conflicting impulses within him was baffling, and his direct aim in coming to therapy was not a desire for early release on licence but rather for relief from anxiety. He was the eldest of many children, the next being a brother, 1½ years younger. Bill had been a voracious feeder after a bad start, as he was premature, and mildly asphyxiated. Soon, however, breast feeding failed. His brother and several younger siblings had far better feeding situations. At the age of 7 he was evacuated because of the war, and after several moves finally settled down in a billet where the foster-mother showed gross favouritism to his younger brother and was very hostile to Bill. On return to his own home he apparently adjusted quite well. His mother says that he was slow, perseverative, and peculiarly determined, but that he was loving towards *her*. With puberty, however, came difficulties. He made sexual advances towards three of his sisters, and then tried to rape a girl of 14. When he was 17 he tried to rape a woman in a railway train, but although he was convicted of rape, he did not really commit it, as the woman yielded to him and helped him to have intercourse with her. He felt guilty and persecuted and thought that she must be laying a trap for him, so he broke away from her, and afterwards she gave evidence which led to his conviction. Later there was another charge of rape, and one of attempted rape before the murder.

Early in treatment he related to me the following important childhood incident. When he was 6 he found a turtle-dove wounded beyond recovery, and tried to kill it to put it out of its misery. He failed at first, and the bird looked at him with surprised reproachful eyes, the sight of which he has never forgotten. Eventually he drowned the bird, but the eyes still haunt him. He can feel guilt and sadness that he destroyed the creature which was injured but which he did not hate. His first assaults on women with a view to rape were not accompanied by conscious desires to kill the women, although he was aware of a hunting impulse to track them down inexorably and subject them to his will. After his second conviction, however, he began to think of killing a woman. During treatment he discovered that he had three types of phantasy which occurred simultaneously. In the *mild* phantasy the woman would appear to be waiting for his approaches, would welcome them, and all would be happy and loving. In the *intermediate* one there would be a show of resistance on the part of the woman, which he would overcome by firm force and sometimes threats, but in the end she would settle down to enjoy the intercourse and he would be filled with gratitude. She would then offer him her body freely and he would go all over it, exploring, touching, feeling, kissing, and even sucking. In the *murderous* phantasy, the third type, he would meet with resistance and refusal. He would then get very angry and would take action to immobilize the woman, and then after intercourse, in which no love would be allowed, he would torture and destroy her. In one phantasy he pictured a rape in which he killed and eviscerated a woman, biting off her nipples, amputating her breasts, and finally stuffing them into a hole he cut in her abdominal wall. Finally he felt that he would take her to a haystack in pieces and ignite the stack, burning and destroying all vestiges of the woman and of his attacks upon her.

In another phantasy he saw a baby at a woman's breast. He snatched the baby away and demanded that he also should suck and should be allowed to have intercourse, or else he would destroy the baby. He did not destroy the baby, but he did destroy the woman in this phantasy, by ripping her open, after raping her and stuffing the live baby into her abdomen.

As the treatment evolved I was able to show him that he had split his mother into a good one who gave him all that he desired and a bad one who deprived and frustrated him. His wish was to be given free access to his mother's body and to have possession of her breasts and the milk they produced. He tried to restore the early situation before rivals had appeared. In order not to damage the mother he loved, the good mother, he cordoned off or split-off the bad mother who remained inside him in isolation, but threatened to break loose and take possession of him. His crimes were committed when he was for one reason or another unable to maintain the splitting processes. His actions contained two main ingredients, the need to control and dominate the woman for his own gratification, and the impulse to destroy her utterly if he could not exercise that control over her. If the woman yielded to him, gratitude welled up within him and the destructive impulses were dissolved away for the time being. If she left him, refused him, or tantalized him, his destructive fury knew no bounds, and in it were powerful feelings of envy. The woman, representing his mother, was keeping to herself those pleasure-giving and feeding parts which he wanted as his right and therefore would take by force. Moreover, he would wreak such vengeance upon them that they would be of no further use to the woman herself or to anyone else—representing the siblings, or especially the father, towards whom he felt strong feelings of jealousy and rivalry. His desire to destroy the woman completely was not only to prevent his crimes from being detected, but also to prevent any reinternalization of the woman damaged beyond repair and therefore liable to become a powerful internal persecutor.

As a child it was easier for him to feel angry with and persecuted by his foster-mother, and less so for him to be depressed by the absence (loss) of his own idealized mother. Yet locked away within him was the image of his good mother, lost to him, damaged by him, and irreparable. The images, of course, stemmed from earlier life, but came to the surface while he was evacuated during the war. The damaged good mother was so badly injured, and he was so unable to bear the feeling of her presence inside him, that he began to have powerful feelings of persecution, and this exchange from depressive to persecutory anxiety seemed to reach a crucial point when he was faced with the actual rigours of evacuation, with the physical absence of the real mother who was considerably idealized, and the physical presence of the persecutory and demonified foster-mother. It looked as though this exchange took place at a time when he felt very close to utter despair. He felt completely hunted and haunted by the object of his depression, and in the end switched from being hunted to being hunter, and tried to destroy the depressive object which had become so persecutory to him. What I am attempting to show is that the split-off damaged good mother and the bad persecutory mother are in the end one, and he was terrified lest his idealized mother figure should collapse utterly and merge with the bad persecutory mother. He had to protect the idealized mother from his destructive rage with her which arose because he felt that after all she *had* weaned him, and later banished him while some of the younger children remained with her. Whenever a victim was chosen, either for rape or for murder, the splitting processes showed considerable weakness. Especially during the rape incidents Bill showed signs of compassion side by side with feelings of great cruelty and destructiveness. Even when he killed the woman, he says that he felt the murderous resolve weakening, and an unwanted feeling of softness threatened to engulf him which he thinks was engendered by the warmth of her body.

Recently he told me that he had found a sixpenny piece tightly gripped by the dead woman. He told me months later about it because he wished to deny to me and to himself that he knew that the coin was intended as a reward for the lift which he gave to the woman. When he found it he was shaken by a sickening panic, as he understood for a fleeting moment that despite his attempts to blacken and demonify this woman she had had some goodness in her. She had been able to feel grateful to him for the lift and to give him something. This made him feel unconsciously that the projected image of the persecutory bad internalized mother did not quite fit his victim, but by then she was dead. For a moment he felt entirely bad himself. He wanted to give himself up to the police, and would have done so, but suddenly an idea struck him which enabled him in part to re-establish the splits in his ego and to isolate the persecutory internal mother. He thought that the sixpence might not have been intended for him, but as a bus fare had he not picked the woman up. This conviction was never held very firmly, but it did enable him to behave with some degree of cunning and so, at least for a time, to escape arrest.

What is so remarkable about this patient is the way in which he worked out his phantasies in great detail. I think he was really very depressed and persecuted by the image of a mother inside him, most frightfully damaged and almost unbearable. In some ways the acts of rape had in them elements of reconnaissance. His penis sought out the inside of a woman to find out what was there, damage, babies, or father's penis. In a dream, in which he was committing an act of rape, he found beneath his victim's clothing a penis, and on seeing this he wakened in terror. This dream shows that the whole situation is coming into the transference. I am the victim who has a penis, but also it is thought that he did look for the penis inside the woman with his probing, rooting-out penis. This is in line with much homosexual material which appeared later. Of course he was trying to find the breast also. His approach to rape was always by means of a demand. If this were granted by the woman without hostility towards him, it indicated that the object representing his mother, and being in fact a projection of the internalized mother, was not damaged so frightfully, and that she had still the capacity and willingness to give to him.

We are now in a position to add a further point to the elucidation of the complex tangle of processes which had been going on in Bill before he finally selected a particular woman as his victim. It will be remembered that the bad foster-mother was the woman with whom he had been billeted during part of the war. He said she had piercing eyes and also a peculiar tic in which she wound her hair round and round with her left forefinger. The woman he murdered had an appearance and facial expression similar to that of the foster-mother, and also a similar hair-winding tic. He said that he did not notice this until the day he murdered her, but he had given her lifts in his lorry before, and I think that these similarities were decisive in his choice of that particular woman as his victim. I enquired whether he could remember anyone in his infancy or childhood with such a hair-winding tic. Eventually he remembered that it was the brother next junior to him, who was the good-looking and popular one, with whom he was evacuated. This brother was idealized by the bad foster-mother during evacuation, but much earlier had already displaced Bill from the first-born's complete possession of his mother. He remembers nothing of this, of course, but he does remember an attack of almost uncontrollable anger during their sojourn with the bad foster-mother. He had missed his brother and looked for him, only to find him returning to the farm, riding triumphantly on the back of the farmer's large horse. He asked to be allowed to ride too, but the farmer refused to let him; such treats, he said, were reserved for particularly good boys. Bill found it extremely painful to feel jealousy and envy towards his brother during the period of evacuation. Apart from the fact that he loved his brother and felt protective towards him, the two boys had to hang together as they were at school among a group of hostile village children. Early experiences of jealousy and envy have not yet become clearly revealed, but it is certain that the experience of being hated by the foster-mother during evacuation and of being treated so differently from his brother deepened and extended the splitting processes, particularly as he was unable to express jealousy and envy in the open.

There were times when he felt extremely persecuted by the image of the much damaged mother inside him, and yet did not think of killing a woman, nor did he try the manic device of converting a persecutory to a pleasurable situation by means of rape. On these different occasions he resorted to serious suicidal attempts. In one of these he tried to drive a lorry at top speed into a rock or tree. First he deliberately removed the speed control mechanism, then set out to where there were likely to be few people about to disturb his attempt to destroy himself. At the last moment he was intercepted by military police and the attempt failed. He half obeyed and half defied their order to stop, and in the end was injured but not killed. When convalescent from this incident he attempted to rape a girl and was convicted. Not insignificant is the fact that at the time of the suicidal attempt, when he was overseas, his mother was about to have a baby. The attempted rape occurred after he knew that the baby was a brother. It appears that all his attempts to rape were anxiety-driven, desperate attempts to remedy an intolerable internal situation by action which repeated a highly symbolic pattern of behaviour. These attacks on women, I think, may well derive from early phantasied attacks on the pregnant mother, her baby-to-be, and her whole reproductive apparatus including her breasts.

The anxiety-driven nature of Bill's crimes probably stems from a tremendous fear of being hunted down and destroyed by his persecutory internal objects, and in particular by the enormously damaged mother, the internal depressive figure whom he could not tolerate. The murder, and to a lesser extent the phantasies of murder, gave him temporarily an extremely powerful manic triumph over his victim. We are forced to the conclusion that, especially in the case of Bill, though possibly less so in the case of the other murderers, the deeds do not represent merely the acting out of impulses, but more than that, the projection and dramatization in action of the whole internal situation upon the external world, in an attempt to mitigate the extremely threatening and painful admixture of guilt and anxiety. The peculiar alternation of compassion and destructive cruelty, which at times became quite rapid, giving the impression of co-existence, suggested that Bill was almost able to reach the depressive position, but too great a quantum of persecutory anxiety flared up, and each time the depressive position was by-passed so that instead of reparation an act or phantasy of destruction occurred whenever he came near to the depressive position, and in fact he never negotiated it. This may be at the core of the repetitiveness of his behaviour. Certainly in the course of treatment he has become increasingly depressed. A recent phenomenon which he recounted to me will illustrate how rapidly depressive feelings can become persecutory to him. For the first time in his life he has been unable to sleep at night, and this is because each time he shuts his eyes he sees the face of the woman he murdered with eyes bulging out towards him accusingly. Each time he shuts them with his fingers they open again, however often he does it. These eyes, reminding him of the turtle-dove he killed, of his mother's eyes, and of my eyes, show how persecutory the depressive figure can be. The turtle-dove, itself the very apotheosis of love and gentleness, had its eyes forever closed by him because he could not stand the sadness their gaze evoked in him. Inside him, however, they have remained forever open, relentless, accusing, and persecutory. But also there is the compassion to be explained. There is an identification with the turtle-dove (representing the essence of the good mother) in that before his prison sentence he was a talented crooner, thereby getting almost as near as he could to an imitation of the sound of the turtle-dove. He alone of his family croons.

Before the rape in the train he had been through an intensely homosexual phase in which he was passive and submitted to a man who was physically very big and overpowering and who dressed him in woman's clothes and gave him presents. The man told him that he must adopt a girl's name when they were together, and Bill chose the name of Carol which he later realized was his mother's name, and which also links back to the crooning and to the turtle-dove. It was when the active homosexual lover was extremely brutal and callous towards him that a sudden switch took place from a passive to an active role, and in his behaviour he showed quite clearly that he had incorporated all the cruelty and callousness of the man with whom he had had homosexual relationships and that this man's penis was represented inside Bill. It was at this juncture that he began to have phantasies of killing a woman. It is, of course, realized that this man must be a late representation of an infantile prototype. The precise nature of the early history has not yet been delineated, but in the transference it has been seen to be of great importance.

A recent dream gives a further clue to the understanding of the internal situation. He dreamt that he was looking at the face of a woman which was misty and blurred. It was a nice face, and as he looked at it he said to himself, ' I like her and I do not want to murder her '. As he said that, the mist cleared away, and as it did so he saw that he was looking into a mirror, and was shocked to recognize that the face was his own.

During phases of intense depression he has felt that the woman he killed is no longer dead but that he has seen her walking in the prison grounds as a visitor. He knows that this cannot really be so. There may be elements of wishful denial of his guilt in this almost frantic delusional reparation as the depression becomes more and more intolerable. More powerful, I think, however, is the transference in one aspect of which he is beginning to identify me with the woman he killed, and thus bring into the situation the whole internal constellation of persecutory and depressive feelings, of which the actual murder was but one sinister outcrop. Recently it has become evident in the transference that he has reduced the split between the idealized and the demonified internal mother. At last he has been able to express hostility to me both in dreams and openly, as a result of which he went through a phase of anxiety lest I should not come to the prison to see him. After one session in which he wanted to reject my interpretations, particularly related to the destructiveness of his greed and envy and his complete lack of real concern for me representing the mother, which he warded off by extreme passivity, he began to swell up alarmingly. Soon he was completely distended from head to foot with a severe attack of angio-neurotic oedema. When I next visited the prison I had to see him in his cell. In that session he remembered an important occasion during evacuation. Being unable to tolerate the criticism of the bad foster mother he ran away, intending to find his way to London and get home to his mother. He did not get far, but a hue and cry was raised and he was chased by many villagers as if he were an animal. He was lightly clad, as the weather was hot, and he plunged, half in panic and half with the idea of being a hero, into an enormous bed of nettles. He was stung from head to foot, and the severe swelling which ensued became so alarming that his mother had to be brought from London to see him. After this session the swelling subsided very rapidly; in fact, before the end of the session he said that he felt less tense in both mind and body. At the beginning of the next session he told me that he had just realized that the rape and the passive homosexuality were going on at the same time, and that it was he who carried out both these activities. He had not felt this before, and hitherto had never felt that he was one person. He stated that he felt dismayed but more whole.

Why some people commit murder and others do not is a difficult question to answer. The case of Bill shows that the strength of impulses and the capacity to resist them are not the only factors of importance, but it seems that some tremendous conflict of life and death in the inner world of the potential murderer can be no longer tolerated.

For a time, often for many years, it appears that token destructive actions or even conscious or unconscious phantasies without action suffice to preserve some sort of internal balance, albeit a most precarious one. Eventually, however, a state of imbalance occurs and an intolerable internal persecutory situation becomes projected outwards violently upon a victim. Certainly in the case of Bill the victim represented the depressive object, which had become so unbearably persecutory. When action finally supervenes, the moment of crisis is a discharge, and in it is some gratification, albeit a transient one, but that moment, though important of course, is but one cog in the preloaded wheel of fate.

That the act of murder in the case of Bill was preceded by suicidal attempts suggests that the internal persecutors are sometimes attacked inside, or can be projected outside the self upon the victim. It is realized, of course, that suicidal attempts have many other determinants in addition to those just described.

Whether the attack is upon internal objects in a suicidal attempt, or upon an external object, upon whom the internal situation is worked out, may well depend upon the upsetting of a complex dynamic equilibrium between life and death forces. It is not possible, however, at this stage, to sort out that situation to a satisfactory extent, so the subject will be left at present with only this brief reference.

Case 2. Tom was a highly intelligent man of 26, serving a life sentence for shooting a shopkeeper who tried to prevent his escape after he had stolen, at gun point, pornographic literature and pictures. The pictures were of sexual activities, both normal and perverse, and showed prominently exhibited breasts and genitals. Tom was a ship's cook, married and with one son. Sexual relationships with his wife were not good, and he had indulged for some time in compulsive sexual orgies with prostitutes and compulsive masturbation, especially in relationship to phantasies and pictures of women in various sexual poses. He drank and smoked a great deal.

As a child Tom lived on an isolated farm, with his father, who was cruel but moralizing, and his mother, who was kind but sluttish. His only sibling was a sister 1½ years younger than himself, of whom he was very fond. Tom was an active boy with both destructive and constructive sides to his behaviour. He was breast-fed, was rather a greedy feeder, and later was difficult to wean. Early in boyhood he was punished a great deal by his father, who was quite old enough to be his grandfather. His mother, however, who was quite young, failed to protect him from his father's savage anger and beatings; indeed she even reported him when he was destructively naughty, an action regarded by Tom as a gross betrayal. Sometimes Tom was punished for sexual activities with his sister, which were then quite trivial, but which later on came very near to actual intercourse. That the beatings were cruel and severe has been confirmed in writing by Tom's mother and sister independently. Often he was bruised from head to foot. At times Tom would admire his father, especially for constructive work, and try to propitiate him by taking out his sister's toy cooking set and preparing two fried eggs for him in the fields. He always felt that his father was aware of him as a rival. Beatings seemed to provoke petty thefts, and these led to further beatings, so that a vicious circle was set up which culminated in attempts to run away. After several such episodes, Tom was taken before a juvenile court, and as his parents stated that they could not control him, he was sent to a foster-home many miles away. There he lived from the age of 9 to 13. He felt very depressed and rejected. After a time, however, he began to idealize his home. When he returned home, his hopeful attitude was soon shattered. His father still alternated from threat to action and from action to sentimental moralizing.

Before Tom was sent away, all the family slept in the one and only bedroom: he and his father slept in one bed, his mother and sister in the other. Soon after puberty he had sexual intercourse with girls, activities he described as casual. He was never sadistic. He was proud of a penis which he considered oversized. He stated that he would repeat and repeat intercourse without any real relaxation, rather in the same way as he masturbated.

When he met his wife, the courtship was conventional and inhibited, and after marriage he seemed to enjoy with his wife only the activities he had indulged in with his sister, foreplay, cunnilingus, and fellatio. Sexual intercourse was completed only when he was drunk. He was never cruel: on the contrary, his wife complained that he was too gentle. It would appear that there was a strong latent homosexual component in his personality which was partly expressed in his career as a cook, but was still precarious, so that when too great and too obvious success in a feminine role was achieved, he became acutely anxious. One example of this was when he was given a catering job in the prison, which he did so well that everyone praised him. He then felt compelled to take up weight-lifting in order to make himself more manly. He also tried to lower his voice by an octave. A second example will be given when I speak of his criminal episode.

After his son was born he began to go out with prostitutes or to indulge in repetitive masturbation while looking at pictures of women, of primal scenes, and of perversity. He even managed to perform auto-fellatio. The birth of his son stimulated jealousy and also forced the role of father upon him. Both in this situation and in that of his crime later it seemed as if some split-off parts of himself had come together, and that acting out took place to prevent this occurring to a catastrophic extent.

The build-up leading to the crime began with Tom's promotion, after which he became extraordinarily anxious, despite the pleasure he obtained from the vote of confidence in his ability as a cook. He felt that he absolutely had to get pictures, so he obtained a revolver and went to the shop, with which he was already familiar. He ordered all the pictures the shopkeeper had, took them, refused to pay for them, and held up the shopkeeper with the revolver. Tom had injured his foot just after being promoted, and it was in plaster at the time. I want to stress how greatly this episode of robbery and murder contrasts with the general picture of Tom as it emerged during the course of treatment. I have already pointed out his lack of overt aggression in his sexual relationship with his wife: in the prison his record has not only been completely blameless, but on the contrary very constructive. As a child, when beaten by his father, he never hit back. On one occasion his father ordered him to kill a nest of field mice, which he refused to do. His father stood over him sneering, and threatened to beat him if he did not kill the mice. Tom then obeyed his father, trying to hide his tears. A similar incident arose when Tom was ordered to drown some puppies. Some years later, when he was told to shoot the mother dog, he categorically refused. Superficially Tom presents the picture of a kind man who was never aggressive to men or women. One occasion only gave a foretaste of the crime to come. Just after Tom's sister had reached puberty, her father beat her brutally. Tom had heard that beating a girl at this time might damage her for life, and he picked up a shot-gun and threatened to kill his father, ordering him never again to beat the girl. The father obeyed, and thereafter did not beat Tom again either.

It is impossible as yet to give a clear picture of the psychopathology of this case, partly owing to its complexity, but largely on account of the difficulties with sessions so infrequent as once a week, and stretching over only three years. The anxiety about Tom's promotion as a cook must have stimulated a number of difficulties. In particular I would suggest that it too greatly stimulated his envious omnipotent feminine phantasies; also there was a greatly increased need for Tom to assert himself as a man. In the course of this assertion, the sight of so many pictures of women stimulated his greed. At this moment the aggression and revenge towards the father broke loose, and expressed itself violently in the murder. He himself says that had the shopkeeper not reminded him of the father of his childhood coming up to beat him, he would have shot the man in the leg to immobilize him instead of killing him.

I have quoted the case of Tom in order to show the depth of the split between the sadistic murderous part of himself and the rest of his personality, which was so gentle, constructive, and inhibited.

During treatment Tom has tended to idealize me, and to recapture an intellectual relationship which he had with his father. In prison he has concentrated on constructive work, at which he has become highly skilled. For the treatment to be effective it is essential that the deeply sadistic, destructive, and murderous split-off part of himself should be dealt with most thoroughly, and fortunately there are signs that the idealization of me in the transference is breaking down.

According to the detective inspector whose words were quoted earlier, this man's previous life would have been blameless, but it will now be seen how the perverse interests, the compulsive activities, both heterosexual and auto-sexual, all form part of an external dramatization of his inner world, and the murder which he was led inexorably to commit was but one facet of a coherent pattern.

Although it has been possible to describe in this paper only two out of the seven murderers I have treated, enough hints have been obtained to enable me to suggest that there is a pattern or syndrome which is to be seen in murders. Variations, of course, occur, but the same basic ingredients are nearly always present.

There is an enormous quantity of persecutory anxiety, but this must not blind us to the surprising amount of compassion which is also present in some murderers. Suicide is often not far away, and it appears that in some the depressive position has been evaded but narrowly. I am aware that it may appear that I am stressing the depressive elements at the expense of the persecutory component, but I do so because, hitherto, the depressive elements have not been sufficiently recognized. It is upon the presence and relative strength of these depressive elements that the possibility of successful therapy so much depends.

One of the prisoner-patients who contained within him the possibility of murder, but came to treatment without having killed anyone, kept a chart of his mood swings. He classified his moods as follows: happy, normal, depressed, angry, murderous. It is significant that when depressive anxiety became unbearable it was felt to be acutely persecutory and made him first angry and then destructive. In him the internalized depressive figure, the mother, injured beyond repair, was intensely frightening. He had made a serious suicidal attempt as a child.

The murderous act is seen to be but the visible part of an iceberg with the much larger portion lying submerged beneath the surface of consciousness. As the cauldron of conflicting material became more baffling, with compassion and the most destructive deeds dwelling so closely side by side in the same individual, deeper understanding was obtained by turning to the work of Melanie Klein. In particular, the delineation of persecutory and depressive anxieties, the avoidance of the depressive position and the vital role of splitting processes, together with the importance of the destructive quality of envy, enabled some reconnaissance to be made into the inner world of the murderer. It is thought that further progress will be made by means of the application of Freud's theory of life and death instincts, as developed by Melanie Klein, to the study of the murderer.

Unfortunately at present there are considerable technical difficulties, in that, as stated at the beginning of this paper, these murderers had not the advantage of formal psycho-analysis, which I think is essential if further progress is to be soundly based.

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SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS[1]

I. A PSYCHOTIC OBJECT RELATIONSHIP

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The mothers of schizophrenic patients, particularly of infantile schizophrenics, have been the subject of many psychopathological studies, but it is difficult to believe that they could provide any unambiguous description of structure. Diatkine, in his contribution to this symposium, shows that the genesis of the psychotic relationship is not only linked with the personality of the mother, but also to certain decisive moments and to the effects of evolutionary disharmonies on the mother herself.

The chief importance of the psycho-analytic study of psychotic children lies in the way it puts us in contact with a world of fantasy, which the child is able to verbalize, even though suffering from particularly complex fixations. It has thus become customary to speak of psychotic structures, to reach a clinical definition of psychotic defences, and to speak, therapeutically, of a psychotic transference.

Defence mechanisms in the child cover a much wider field than that of projection. The most interesting defences to study, at least from the point of view of the genesis of personality, are those which it is customary to describe, in the terminology of the English school, as projective identifications. The study of psychotic defence mechanisms and transference leads us inevitably to the study of psychotic object relations. Psycho-analytic observation of psychotic children has afforded a detailed insight into the fragmenting nature of the relationship to the fantasized part object. Incidentally, the psychotic transference is so impregnated with fantasy that a child can express itself with facility, the confusion between fantasy and reality being itself an aspect of the psychosis.

But we believe that the material available as to the role of the mother in psychotic object relationships is inadequate. Any study of communication within the object relationship must, of course, deal not only with that of the mother to the child, but also of the child to the mother. Clinical studies of the mothers of schizophrenic infants are very poorly documented as compared with the psycho-analytic material we possess thanks to the analysis of their children. We are lucky to possess a fragment of the analysis both of a psychotic child and of his mother. We shall describe briefly Sammy's case history and part of his analysis, and then that of his mother, which was undertaken later by the same analyst. We shall then present a schematic comparison of the psychopathological structures of both mother and child.

Sammy

This boy was 9½ years old when he came to Paris, referred by Dr Margaret S. Mahler.

The father was a painter who had come to work in Paris. The mother, who had previously had four years of analysis for alcoholism, reproached herself for lack of maternal feelings. After normal pregnancy and a long and difficult labour, Sammy had to be kept in an incubator for two weeks. He refused the breast and was fed by nurses. His mother did not see him, and appeared to feel no regrets.

The parents were living with the father's parents where the father's old governess looked after Sammy: he was a ' good ' baby who never cried, but who showed no interest in his food. Sammy's mother took charge of him when he was two months old. The father was then doing his military service. The mother found Sammy a nuisance and was irritated by his anorexia and his stereotyped rocking at night.

From the age of 2 to 6 Sammy was brought up by a French governess. We cannot go into his biography in detail, but we should point out that the child never approached adults spontaneously and had exhibitionist tendencies. Up to the age of 6 he had shown no interest in toys: he would stand in front of a mirror and tell stories to his hands. It had not proved possible to send him to school, although he could not tolerate solitude. Psycho-motor development was, on the whole, normal. His speech development showed a marked syntactical retardation.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

Fragment of the Analysis of Sammy

Sammy's treatment lasted about one year, at the rate of five sessions a week. (Treatment was carried out by Mme McDougall under our supervision.) It consisted for the most part of a desperate struggle against an oedipal situation experienced at a pregenital level, within a particularly intense transference situation. To be more precise, the oedipal situation was more ' oedipified ' than authentic. We have coined this term to cover the following situation: with the progressive maturation of his nervous system, the child gradually introduced the paternal image into the partial binary relationship to the maternal object. The father became the support of the child's projected frustration, and the child could not fail to suppose that the father was looking for precisely those pregenital satisfactions of which he himself was deprived.

This oedipified situation led sometimes to a homosexual fixation on the paternal image, but more frequently to a profound regression which expressed the patient's projective identifications. Such was the case in some of Sammy's tragically poetic imaginings, or in the fantasies where he proposed a fusion with his analyst in the abyss: God was uniting them in the hereafter: were not he and she both fragments of God?

Thanks to the patient work of the analyst, who had to keep a strict watch against any conversion into action, she was often able to interpret the fear of annihilation induced by the child's oral aggression. After this fragment of analysis there was a relative reduction of the psychosis, but a serious state of depersonalization still persisted. Sammy left in order to go to a specialized school in the United States.

Fragments of the Analysis of Sammy's Mother

Some months after her son's departure, Sammy's mother consulted the psycho-analyst who had treated her before, and asked for a further analysis which lasted approximately one year.

From amongst the biographical details supplied, we shall select those dealing particularly with the period after the death of her mother, when she was 17. The mother would beat her frequently, but also organized her first flirtations. After the mother's death, she was involved in many of her father's flirtations, and began to drink in the course of her excursions.

The patient's transference seems to have been essentially paternal in character, but the emergence of homosexual fantasies led to the development of a maternal transference on a phallic woman, with whom she had a basically masochistic relationship, centred on fantasies of oral incorporation.

This seems to be the decisive factor in understanding the genesis of psychotic relations in the child. A considerable period of this analysis was concerned with masochistic and oral fantasies, and Sammy seems to have been the victim of these same fantasies, very much as if his mother had tried to reproduce with him the privileged, masochistic relationship she had experienced with her own mother, without being able to prevent herself from endowing them with an erotic character. The oral fixations of the mother were also indicated by her alcoholism. The oral components allowed her to establish a guilt-free contact with both the paternal and maternal object.

In the first place alcohol provided a global, oral pleasure: ' I feel the need to drink from 5 p.m. onwards. . . . As soon as my guests arrive I rush to give them a drink: I myself prefer to drink directly from the bottle. It's the same with cigarettes: I can't enjoy them at all if I use a cigarette holder ' (seventh session).

Also from an early session: ' I feel as if I were behind a wall. If I drink, it's to make the wall disappear, but then I find myself behind another one. . . . Now I am faced with another difficulty: I'm not interested either in painting or in classical music, which were my first contacts with my husband.' Thus her oral fixations were at first utilized to remove the guilt attached to her oedipal relationship to her husband, but they were equally fundamental to the equilibrium of the patient's ego structure: drinking allowed her to talk and feel at ease: drinking also allayed the tensions arising at the level of the buccal cavity. These oral fixations, also highly charged with aggression, were expressed in fantasies of incorporation, as shown in the following dream fragment: ' My husband is offering me a dog biscuit which he holds between his legs. I jump up and catch it as if I were a dog.'

A considerable portion of the analysis now led to the interpretation of alcoholism as a means of incorporating the husband's penis: ' Having an empty stomach is just like having an empty vagina.' Naturally this fantasy of partial incorporation of the penis, notwithstanding its aggressivity, is also highly charged with guilt: ' It's particularly when I have my periods that I feel the need to drink. I feel it protects me from intercourse.'

We must also say something about the material provided by the mother with regard to her child: its image appears intimately involved in the oral fantasies described. In the analysis we find Sammy usually kept at a distance by his mother and considered as a thing. Sometimes, however, she identified with him projectively. She was relaxed when she had been beaten by her mother, and felt the same relaxation when she had beaten her son.

There was an obvious identification with the phallus she desired, and she dealt with it as with alcohol, both of them replacing the absent mother. She was, incidentally, in constant fear lest it should be transformed and thus escape her, just as the pleasures of alcohol would fail her if she gave up drinking.

We have dealt at greater length with this portion of the mother's analysis than with the analysis of the patient himself. The material collected in the course of the child's analysis is undoubtedly valuable, but since we are studying the genesis of a psychotic object relationship, it seems more important to insist on the strange oral elements in the mother and her fantasies about her son.

Within the limits of this short paper we have, therefore, tried to compare the organization of the personality of a mother and her psychotic son, by means of two fragments of psychoanalysis. The mother's method of dealing with alcohol, to which she was addicted, and with her son, followed in both cases the lines of her struggle against the Oedipus situation, against the ' oedipified ' situation, and against the pregenital relationship. The child was identified with the father's penis incorporated by the mother.

We do not wish to affirm that the child's psychosis was established solely in response to the disturbances in his mother's attitude. But it is clear that his oral aggression, cathected in such a situation on a mother who induced such a sense of guilt, could not fail to become predominant. We show in the attached schema how the fixation of the relationship to the maternal object, a partial object of projective identification, also served as an anaclitic pre-object in the

A PSYCHOTIC OBJECT RELATIONSHIP

Comparison of Structures

THE MOTHER

(according to material collected during analysis)

1. Existence of an oedipal triangulation
2. Marked oral ' voyeur ' elements } in the drives
   ' voyeur '
   exhibitionist
3. Significance of successive manifestations of oral elements
   - *a.* Holding the object at a distance ⟷
   - *b.* Global pleasure and feeling of relaxation ⟷
   - *c.* Expression of aggressivity ⟷

↓ Against the genital mother image (drinking with father) ↓ Oedipus

↓ Against the pregenital mother image (drinking is eating the incorporated penis) ↓ ' oedipification '

↓ Against the pregenital mother image (drinking is to incorporate the breast) ↓ pre-oedipal relationship

4. Significance of Sammy-object:
   - — held at a distance as a thing ↓↑
   - — object of projective identification
   - — object of aggression ↓↑
   - — identified with paternal penis incorporated by the mother
5. The cathexes:
   - — importance of oral aggressive drives
   - — discharge by a primary process
   - — oral cathexis of language

SAMMY

(according to material collected in analysis and the elements of transference)

1. Existence of a labile oedipal triangulation
2. Marked oral and aggressive elements } in the drives
   voyeur-exhibitionist
3. Significance of oral elements
   - *a.* Aggressive approach to object
   - *b.* Importance of oral fixations
   - *c.* Expression of ambivalence towards partial object

↓ oral incorporation of the good object ↘

↓ guilt at devouring the object (the good object becomes the bad object) ↙

' oedipification '
(equivalence with incorporation of penis/breast)

4. Significance of mother-object
   - — object *dangerous* because oedipal
   - — *partial* object of projective *identification*
   - — *anaclitic pre-object* in struggle against annihilation
5. The cathexes:
   - — importance of oral aggressive drives
   - — discharge by primary processes
   - — oral cathexis of language

struggle against annihilation. This schema can, however, only indicate very broadly the infinite subtlety of its transformation within the object relationship.

These hypotheses do not depreciate the importance of phenomena impeding maturation in psychotics. They simply underline the importance of simultaneous and systematic study of mother and child in order to understand the formation of psychotic structures in the child.

SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS

II. REFLECTIONS ON THE GENESIS OF PSYCHOTIC OBJECT RELATIONSHIPS IN THE YOUNG CHILD[1]

By

R. DIATKINE, PARIS

Our understanding of the psychoses has made remarkable progress during the past forty years. Attention was first directed to specific aspects of the psychotic ego, and the deterioration of the reality function. These descriptive researches into personality structure were indispensable. It was justifiable to enquire how one could differentiate clinically between a psychotic and a patient suffering, say, from homosexuality or fetishism, when they presented analogous thematic material in the course of treatment. But it was essential not to let the individual dynamic, or ' drama ', fall into the background, only to be referred to for form's sake, or clinical psycho-analysis would have fallen victim to the same major infirmity as has affected other contemporary psychiatric systems. Clinical work has therefore come to be centred more and more on the study of object relations, which includes the libidinal and aggressive cathexes, anxiety and ego-defence mechanisms, both in their development and in their encounter with the activity of the cathected object.

Psycho-analytic treatment of children and adults has shown that certain special modifications of object relationships may be observed at a very early age, even if the psychotic symptomatology appears only much later. It is therefore legitimate to consider the origin and nature of such anomalies. And this compels us to envisage a number of theoretical problems, still subjects of discussion amongst psycho-analytic theorists. Thus the relationship between object and instinct still provokes considerable controversy. The existence, for instance, of a period in the life of a child, during which the mind is not yet organized, is still disputed by some theorists.

We are always obliged, in fact, to combine three lines of approach:

(i) The reconstruction of the past by studying the change of structure which leads, at the phenomenological level to the elaboration of memory-screens or imaginative products of the same value. We must point out the antinomy arising between the position of the analyst, as such, during analysis, where everything is accepted as if the subject had really experienced all that he relives in the transference, and his role as research worker, who must concern himself with the genesis of these screens.

(ii) Direct observation, as practised, for instance, by Spitz, who has in fact taught us a great deal on this latter point, by insisting, for instance, on the organizing role of object relationship when it is finally constituted in the eighth month.

(iii) Catamnesic study combined with the early psycho-analytic treatment of children suffering from severe disturbance in the evolution of their personality. In so far as such observations can be continued for many years, they permit a synthesis of the material supplied by the two other methods, by presenting an array of facts whose significance must be considered.

It is to this aspect that our work has been directed of recent years, within the larger framework of a study of speech disorders and psychomotility, directed by Professor de Ajuriaguerra. We have followed the cases of eleven children who displayed precocious disturbance of object relationship, of a sufficiently serious nature to hinder their speech development.

Disturbances in Early Object Relationship

There are primitive disturbances which prevent the formation of object relationships at the normal age, that is, towards the eighth month. Children suffering from such disorders resemble those whom Kanner describes as suffering from 'early infantile autism'. We shall give a brief review of one of these cases.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

Dominique[2] displayed no anomaly of development up to the sixth month. He was born at the normal term after a normal gestation, the only obstetric incident being a torsion of the umbilical cord which would not have affected the child. Breast-fed, he sucked well and his weight increased normally; he smiled at 2 months. From 7 months onwards a chronic rhino-pharyngitis developed without disquieting physical symptoms (neither somnolence nor convulsions) which led to vomiting, loss of appetite, and soon to a general deterioration in health. His mother noticed at the same time that he had lost interest in her, but only became alarmed at this a few months later. At 18 months a tonsillectomy was carried out, with good effect on the child's physical health, putting an end to his feverishness, anorexia, and vomiting. But the anomaly of behaviour became all the more startling. Although his motor development did not slow down—he could walk at 14 months—Dominique displayed a total lack of interest in his surroundings, showed neither pleasure at seeing his mother nor unpleasure at not seeing her, and his indifference extended to everything that was not an object susceptible of manipulation. He had naturally no desire for communication and there was no sign of speech.

As often happens in such cases, he was at first assumed to be deaf, but more careful examination showed that there was no impairment of the senses, and that it was, in fact, a disturbance of libidinal cathexis. At the age of 2 he presented a clinical picture similar to that described by Kanner, and we shall only stress a few further points.

(*a*) There was a discrepancy between the evolution of his instinctual biological behaviour and that of his libidinal cathexes. At 7 months he had not only lost his appetite, but also all forms of interest in his mother. Unfortunately we were not able to observe this evolution, which seems to have been critical, since in this very rare and special case a disturbance of appetite, occurring at a most unfortunate moment, prevented the transformation of the pre-object into a truly cathected object, to return to the terminology used by Spitz. But tonsillectomy at 18 months restored the normal appetite, whereas Dominique did not appear to re-cathect his mother until much later.

(*b*) Between 2 and 4 years Dominique displayed a very special form of activity. His apparent lack of interest in the animate beings in his environment did not preserve him from anxiety. At about 2 any change of scene provoked spectacular crises of anxious agitation, a classic symptom in such cases. Similarly he displayed a growing interest in the formal aspect of things (another equally classic symptom). He could solve the most complicated puzzles with dexterity. And as soon as it was possible to examine him, it was clear that his intellectual development was very atypical. He was in advance of his age in everything to do with motility, perception, and constructive activity. He had a remarkable perception of shapes: but the shapes were for him devoid of all significance, apart from the pleasure to be derived from rebuilding complete figures, stopping holes, filling in missing parts, and rediscovering identical objects. The narcissistic aspect of this need for completeness appeared most fully in the subsequent phase. For the moment it is sufficient to remark that the development of Dominique's motor-perceptive apparatus allowed him a normal recognition of shapes, but that instinctual disturbances prevented him from bestowing on any one of them the special value of a cathected object. He lived in a perfectly perceived world, but one as devoid of meaning as an abstract painting composed without inspiration.

(*c*) This desert-island world of Dominique's early years resembles the equally meaningless world of precociously psychotic children who, far from isolating themselves, display both interest in and affection for others, but with a total lack of differentiation embracing their parents, strangers, objects, the furniture, etc. This lack of discrimination, in spite of a normal motor-perceptive development, has an identical significance.

(*d*) The further development of Dominique's history is very instructive. At the age of 4 there began a re-education of his speech, based on his perfect recognition of shapes. This re-education compelled him to associate graphic signs with the movement of the lips. At this period, when experimenting with mirrors, he discovered the human face, an experience which transformed his whole way of living. His gaze travelled from the lips of his teacher to her eyes, then to the whole of her body. He looked at his parents for the first time, without however showing either pleasure or anxiety. From then on he made rapid progress, speech developing quickly in a form that was from the beginning highly evolved. But for a long time he described himself in the second person, being unable to make a perfect identification of 'I', 'your', and 'he'. He was particularly interested in numbers and in geometric forms with which he played all day, combining them in an increasingly complex way.

This transformation of Dominique's life also changed his clinical picture. The absence of object cathexes shown in his early years was replaced by a psychotic object relationship. Psycho-analytic treatment, which started at the age of 5 and which has continued for four years, has allowed us to perceive its development.

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[2] The case is reported in greater detail in 'La Psychiatrie de l'enfant.' in: *Les Troubles de langage dans les psychoses infantiles précoces*, ed. Ajuriaguerra, Diatkine and Kalmanson (Paris: Presses Univ. Franç., 1959).

At the beginning of this new relationship Dominique expressed himself with the help of numerous abstract shapes, combinations of figures and geometric forms. It soon appeared that this quest for abstraction concealed a very acute fear of fragmentation, bound up with a sado-masochistic representation of the primal scene, together with the now classic fantasies of the incorporation and rejection of the partial object as described by Melanie Klein.

At the same time the child's behaviour altered: the parents found that he paid more attention to their presence. The anxiety crises provoked by changes of scene gave place to a ritualization of his life, which became, however, easier.

The Origin of Psychotic Relationships

We must examine the genesis of these fantasies, whose existence could only be ascertained from 5 onwards, after a long period characterized by the absence of any communication. It might be supposed that these fantasies were only expressed at that age because the child had previously had no means of expressing them, but that the anxiety caused by the fear of fragmentation had already been the basic cause of his autistic behaviour—behaviour that had served as a defence mechanism from the age of one. Such a hypothesis would be based on the theory which states that partial objects are a projection of the life and death instincts, a phenomenon which occurs irrespective of the state of the subject's motor-perceptive system. It would clearly accord with the interpretations one gives to such children of the anxiety that reappears in transference.

But as a scientific explanation this hypothesis cannot be said to be entirely satisfactory. And it might be more profitable to consider the facts, which tend to show that this fragmentation anxiety and the fantasy of the primal scene were only constituted when the process of identification had begun. The fantasy of the partial object only becomes an ' organizer ' of the personality when the total object has been actually constituted, which, in Dominique's case, only occurred between the ages of 4 and 5. His knowledge of shapes permitted the child to discover tardily the image of his own body, identical with that of others. (He was not interested in his own image in a mirror until the age of 5; previously he gave the impression of just not seeing himself.) The moment the shape of the human body took on meaning for him, the oedipal triangulation appeared, also the fantasy of the primal scene, and he became capable of employing the personal pronouns correctly. In his struggle against the anxiety which was thus given shape, the child utilized his former methods of understanding as defence mechanisms. Bodies were transformed into geometric shapes—polygons whose sides he compressed until he obtained a triangle, which would itself have disappeared had the game continued. He would then start all over again, visibly affected by the risk he had just run. Persons were designated by numbers, according to associations and plays on words which he was quite willing to explain.

It seems more in conformity with fact to assume that in the first period the child had been in a pre-object state of organization and that the psychotic object relationship was only established later.

This hypothesis, incidentally, allows us to differentiate the autism of precocious infantile psychoses in the cases we have studied where the object relationship is set up at the normal age. But in such cases the subject is characterized by his inability to tolerate the inevitably frustrating nature of the relationship, either because he is not equipped with necessary means of elaborating his defences, or because the behaviour, firstly of his mother, and then of both parents, prevents an adequate identification which would enable him to struggle successfully against anxiety.

We cannot describe here all the forms assumed by psychotic object relationships in children. Lebovici[3] gives, in greater detail, a characteristic example. It is enough to recall that in certain children psychotic defence mechanisms appear prematurely—as in the case of the child described by Lebovici—whereas in others there is an anxiety which infiltrates all the libidinal cathexes, in spite of the appearance of apparently neurotic symptoms, and indicates that sooner or later there will be a re-formation of structure along psychotic lines.

Here we shall only discuss the problem why the object is always so frustrating to such subjects. It might be supposed that it is due to the behaviour of the mother, or because of some inadequacy of the motor-perceptive equipment, or even because certain temporary conditions have supervened at a particularly unfavourable moment. But it must be stressed that the object is frustrating from the moment of its organization. We must in fact contrast the first months of life with the end of the first year, not only as concerns the existence or non-existence of an ego and an object, but also with regard to the level of instinctual organization in question. In the first three months the infant has an instinctual behaviour towards its food comparable to that described by the ethologists. Given a certain neuro-humoral state, certain stimuli provoke a series of phenomena, during which the subject passes from a state of need to a state of quietude. We consider it to be an objectless state, since the stimuli need not necessarily assume any particular form, and also because their action is intermittent, and inoperative during the period of quietude.

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[3] S. Lebovici, ' Consideration sur la relation d'objet psychotique,' *Rev. Franç. Psychanal.*, **23**; trans: 'A Psychotic Object Relationship,' *Int. J. Psycho-Anal.*, **41**.

During the object period, that is to say, at the end of the first year, the object creates a state of pleasure in the infant by its presence, and a state of anxiety by its absence, thus replacing the former states of quietude and need. We know, from the analysis both of children and adults, that the pleasure derived from this relationship is oral in character. But we cannot completely assimilate the oral cathexes of the object with alimentary activity, since the mother in reality is not and cannot be incorporated. This is the reason why the instinct we observe in psychoanalytic practice can never be totally assimilated to primitive instinctual activities, where the satisfaction of need can completely relieve the internal tension. The object, due to the displacement of libido which constitutes cathexis, is by very definition frustrating, and libidinal cathexis is destined by nature never to be totally satisfied. The permanence of the object, as opposed to the discontinuous action of the primitive stimuli, makes the child pass from the discontinuous to the continuous world, but all its free activity will consist in protecting itself from the catastrophic reactions provoked by the loss of the object. We know that every motor-perceptive activity can be used in this way, thanks to fresh displacements which will serve to enlarge the subject's interest and increase his range of knowledge. Speech plays the greatest part in such activity, firstly because the child can thereby express its wishes, but above all, thanks to the prefigurative and reassuring value of being able to evoke the object through words.

This evolution cannot take place normally unless there is free play for the cathexes and displacements, and this supposes that environmental conditions are not too atypical and that evolutionary disharmonies do not impose too much stress. If conditions become bad, the ego may itself take on a disharmonious form with an intensely narcissistic cathexis of certain activities at the expense of others which will not be acquired. As in the case of Dominique, who is a typical example, retardation of object formation is followed by a totally psychotic valuation of a formal, abstract system, which is the sole means by which the child can maintain any relationship with its fellows.

SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS

III. PERCEPTUAL DE-DIFFERENTIATION AND PSYCHOTIC ' OBJECT RELATIONSHIP '[1]

By

MARGARET SCHOENBERGER MAHLER, New York[2]

When we speak of ' Object Relationship in Psychotics ' or of ' Psychotic Object Relationships ' we must re-define and vastly broaden the concept of ' object-relationship ' as the term was originally used in psycho-analysis. In the original, Freudian sense, object relationship meant a person's endowing another human being with object libido. In this sense object relationship is the most reliable single factor by which we determine mental health on the one hand and therapeutic potential on the other. In contradistinction to object relationship, we used to speak of relationships of a narcissistic nature.

Object relationship develops on the basis of differentiation from the normal mother-infant dual unity, which may be designated as the phase of symbiosis (22, 34).

The phases of the development of object relationship were described by a number of psycho-analytic authors. To mention only a few: by Anna Freud (6), who distinguishes the earlier phase of the ' need-satisfying object ' from the later phase, in which object-libidinal cathexis of the mother—as a whole person—becomes independent of satisfaction of instinctual needs; when it becomes highly specific, and attains mutuality and consolidation, and by Hartmann (16), who speaks of object constancy.

Development of object relationship is paralleled by differentiation of an object as well as a self (19). Differentiation of the body-image, in particular, conveys to the child a sense of separateness and individual identity (24, 14). This separation from the object occurs through processes of libidinization and *partial* identification. Bak (1), Greenacre (12), Hoffer (18), and others contributed to our understanding of the libidinization processes which seem to be the basis for perceptual activity of the ego and formation of structure. I have described and emphasized in earlier papers (27, 23) what appears to me to be a *first* and important step towards perceptual activity and eventual perceptual-emotional integrative capacity of the ego, namely, the progression of the libidinal cathexis from the internal organs, the viscera in particular, towards the periphery, the ' rind ' of the body-self. Freud (9) stated: ' Perception may be said to have the same significance for the ego as instincts have for the id.' Libidinal cathexis of the body and the human love object paves the way to that kind of fully developed object relationship which is the attribute of the mature ego and which moves parallel with the attainment of genital primacy, as Freud pointed out.

It is obvious that if we speak of ' psychotic object relationships ', we abandon such stringent definitions. We must broaden and enlarge the concept of ' object ' as well as of ' relationship '. In the broadest sense, then, we may speak of anything as an object which, in a field of interreaction, physiologically or otherwise, impinges upon the organism *in utero* or in extrauterine life, as its environment. This broadened concept of object versus subject is necessary, and may prove invaluable in research into earliest ontogenetic development, as well as for the deciphering of some of the enigmas of psychosis. We must learn from modern ethology as well as from those workers who, to my mind, correctly emphasize that in earliest development physiology rather than psychology shows us the way.

Recent research into physiological interreactions between foetus and mother and neonate and mother, such as that of Greene (15), elucidates some of the vascular-respiratory rhythmic interreactions of the mother-foetus and mother-neonate dual unit. According to Greene's observations and hypothesis, the key configuration or gestalt which causes the subject to become eventually aware of (to perceive) the object is this compatible rhythmicity. It renders the perceptual experience predictable. It would seem that early incompatibilities may contribute to early failure of libidinization processes. This may be one of the factors at the root of regression to psychotic levels of object relationships in Winnicott's sense. In his paper ' Transitional Objects, Transitional Phenomena ' (36), Winnicott described how optimal use of transitional, *inanimate* objects facilitated autonomy of the ego, whereas too rigid adherence to, or substitution of, transitional objects in lieu of human relationships may be the first and reliable sign of later pathology.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

[2] Cl. Professor of Psychiatry, Albert Einstein College of Medicine.

The phenomenon which more or less overtly *is* common to all psychotics, is the blurring, if not complete failure, of distinction, of affective discrimination of the social, the human object world from the inanimate environment. In some cases we find lack of or very tenuous emotional contact, phenomena of estrangement, complaints of derealization only. In cases of acute severe psychotic breakdown we find de-animation of the human object world with concomitant animation of the inanimate environment. Between these two groups of cathectic derangements there seem to exist fluent transitions. (Compare, e.g. fetishism (13, 14).)

The following passage from Mme Sechehaye's patient Renée's autobiography (33) graphically describes the subjective experience connected with the last-mentioned group of animation-dehumanization processes: ' I was (as) if frozen. I saw . . . each thing separate . . . detached from the others, cold, implacable, *inhuman* by dint of being without life. These people — became void . . . Mama I perceived a statue, a figure of ice which smiled at me. And this smile, showing her white teeth, frightened me.' Renée goes on to say: ' " Things " began to take on life, suddenly the " thing " sprang up . . . the stone jar . . . I looked away, my eyes met a chair . . . a table . . . they were *alive* too,—" things " have become more real than people.' In other words, as in Schreber's Weltuntergang experience (11), or as in the case of my young patient George whom I described in 1957 (24), one could reconstruct this acute, step by step failure of the perceptual integrative capacity of the ego, which is eventually relegated to becoming the passive victim of the defused, rapidly de-neutralized instinctual forces. The ego tries to ward off the onslaught of the two sets of stimuli from without and from within by a number of psychotic mechanisms, described in earlier papers. The outstanding mechanisms are massive denial, displacement, condensation, and *de-differentiation*. Complex stimuli, particularly those demanding social emotional response, are massively denied, autistically hallucinated away, so that ego-regression may not halt before a *level* of perceptual de-differentiation at which primal discrimination between living and inanimate ('protodiakrisis' of Monakow) is lost. I have described how 7-year-old George gradually lost this perceptual faculty of his ego at the sudden loss of the symbiotic possession of his mother. I described his bizarre preoccupations, his feverishly seeking to find beer barrels near the brewery where they lived, in order to touch and feel their surface. He attempted to recapture, to mend with this primitive tactile perceptual experience the broken tie with his pregnant mother's body. In his case, as in those of some other psychotic patients, the steps of this de-differentiation demonstrably contain the elements of dehumanization, de-vitalization of the human living object-world, including the patient's own body-feelings, and relative animation, quasi-humanization of the inanimate environment. The phase in which his world appears populated with hallucinatory-delusional projections of preterhuman introjected objects is only one (better known, because conspicuous) phase in this regression of the psychotic (compare Bychowski (3, 4)).

It would seem that the uncanny, unpredictable acts of destruction, of cold, seemingly unemotional, yet calculated violence are based upon this fateful regression, this psychotic defence mechanism of the ego, which, because of its *perceptual* capacity disintegrated, becomes reduced to that degree of passivity *vis-à-vis* the instinctual drives which, according to David Rapaport (28), characterizes the ego in earliest infancy. In this regressed state the impulse is experienced as a compelling command which continually threatens the disintegrating ego from within. This ego experiences outside stimuli, acceptable only if they are simple, soothing, and predictable, and do not require active and complicated emotional response. The more complex, variable, and unpredictable sensory stimuli are, the more threatening they become. Stimuli reaching the rapidly fragmenting ego from the living object world are much more complex, and seem to be much more dangerous. They seem to conjure up the demoniacal inner impulses (personified often as tormenting introjects). The psychotic child, as well as the adult, is often tormented by murderous impulses which are triggered by stimuli coming from residual human ' love objects '.

Eight-year-old George, upon returning from his weekend visits at home, would imploringly say to me: ' I'm afraid of killing my mother. I have ideas of killing her, and these thoughts upset me so! That gives me bad feelings in my head. It makes me so upset when I am home. Doctor, you are supposed to take that out ' (23).

Ten-year-old Alma's psychotic alienation from reality could be traced to the age of 4½, when (suffering with measles complicated by pneumonia) she was hospitalized and thereby separated from her mother. She did not become acutely psychotic before the age of 10, however, after seeing the film ' Snow White and the Seven Dwarfs.' She heard a voice saying: ' Strangle your mother! Strangle your mother! ' At 14, in the hospital, she wrote to her doctor: ' Maybe then . . . when I saw " Snow White and the Seven Dwarfs " somehow I was the witch and fed the girl the apple. Maybe, somehow, I wanted to get my mother out of myself by strangulation and at the same time strangling and punishing myself, killing Snow White. All I know is after I, after the voice said " Strangle your mother " . . . I felt weirdness. Then I was not afraid of myself any more. But for a whole year I constantly threw up . . . maybe subconsciously was strangling myself, or was it the witch or was it mother or was it Snow White or was it the mice that Ma killed . . . I imagine it was me. After a few seconds I felt different.' [3] From then on, Alma acted and behaved in a mechanical, robot-like fashion interspersed with episodes of catatonic agitation.

Whereas Alma's own description could be cited to demonstrate the de-vitalization, de-animation struggle against all elements of the social living object-world, including her own self, I should like to cite briefly the cases of 6-year-old Barry and 7-year-old Betty, to illustrate the compensatory or restitutive *animation*, '*machine-ization*' of the inanimate object-world. Barry, who had an I.Q. of 170 or more, had to be hospitalized at 6 years of age, when with clever purposefulness he went about applying a drill to the temple of one of his classmates in order to look into his head to see if the little boy had any brains. Barry appeared a strangely detached, brilliant little boy—whose mother had suffered postpartum psychosis—and intermittently had episodes of (probably schizophrenic) depression. During these episodes she would keep Barry in the double bed beside her in a semi-darkened room. These episodes occurred in Barry's second year of life. Whenever the little boy whimpered or fussed, his mother, in order to keep him occupied, would throw various picture books to him. Barry's father had great hopes and ambitions for the little son; he drew and taught the alphabet to him at about the same time. At 2½ the toddler shocked and surprised the adults by citing cautionary sentences he had read in magazines. He read and understood big words in the dictionary and talked with the vocabulary of an adult. On admission, this intellectually so superior and very precocious boy acted with peculiar lethargy, had no emotional contact, and spoke a private language. He seemed to live in a world which he called the ' Underground land ' which was populated by animated quasi-personified symbols. In this world people communicated by sign and gesture language. For example, they indicated maturity by lowering their eyelashes; they indicated emotions by changing the colour of their skins, and so on. Barry would talk to you only about his underground people, of whom he was the master; and his only display of emotion manifested itself when one tried to pull him away from the land of the underground people. (He later on, in an unemotional tone of voice, parroted what he must have heard his father say, namely, that his mother had no love for him, and that was the reason, Barry said, that he preferred and loved the underworld people so much.) In other words, Barry was somehow aware that his substitution of the human object-world for these self-created creatures was due to the failure of his primary love relationship. Barry has annihilated the real people, by drawing all the libido from their representations and substituting for them delusional creations.

In rare cases, the steps taken by the ego regressively to counteract the murderous impulses can be reconstructed after years of analytic work. The analytic treatment of Betty, a 7-year-old child, had been preceded by so-called release therapy with a noted child psychiatrist, who had succeeded, when Betty was 4 years old, in luring her out of her mutism which she had maintained from the age of 3 years on. At the end of the second year of analytic treatment, Betty started spontaneously to enact and demonstrate in a peculiarly emotionless way the release therapy sessions of five and a half years before. She set ' the stage ' which was set for her by her previous psychiatrist in order to express and ' abreact ' her hostile feelings and impulses. Betty, in the typical way of the psychotic child, had not repressed but remembered minute details of how she wanted to bite off her brother's penis, push him in the river.[4] After re-enacting all this, Betty paused, and then, in the same recitative voice, remarked: 'And isn't it sad for a little girl to do all that to her own brother? ' Still, to a child, like Betty, the difference between life and death—that is to say, rendering things inanimate which had been alive—does not mean emotionally the same as to normal people. Betty attributed to the dolls of my doll collection all the emotions she thought their features displayed. These were constant and predictable features, whereas the emotions of living people she tried to, but could not, decipher. This was a child who wanted desperately to identify with people by mimicking them, by learning their emotions. For weeks she would greet me by asking: ' Do I look sad today? Please say I look happy. . . .' Somehow she expected that my saying she looked happy would impart to her the feelings of happiness. Betty struggled against any unsolicited activity on the part of people in her environment. In her analytic sessions, she would fly into a rage whenever I tried to deviate from my role of a puppet whose strings Betty pulled. Betty had concretized and believed in the transfer of emotions and thoughts.

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[3] I owe this material to William Cox, Jr., M.D., of New York.

This concretization was characteristic of a particular adolescent, Teddy, who also believed I knew his thoughts, and whose idea of transfer of emotions and of strength were expressed in his delusional system. He had the idea and fear of losing body substance, of being drained by his father and grandfather, with whom his body, he believed, formed a kind of communicating system of tubes. At night the other, the father-grandfather part of the system drained him of the ' body juices of youth '. Survival depended on who was more successful in draining more life fluid from the other, he or the father and grandfather part. He invented an elaborate heart machine which he could switch on and connect with his body's circulatory system so that he would never die. This much for Teddy's de-animation and concretization defence. Betty's self-boundaries and identity were equally blurred, her self became fused with whomsoever she was with. She expected, and believed, for example, that I concretely took part in her thoughts, intentions and feelings—that therefore I could give them and take them away. She expected the same of her mother. Around Easter, Betty had come home from the park bringing two twigs which she arranged crosswise and then asked her mother what she thought this was. Her mother answered: ' I guess it is a cross.' Whereupon Betty began to whip her mother furiously, crying all the while that her mother deliberately hurt Jesus's feelings, that she ought to have acknowledged it was *the* Cross to which He was nailed and which, according to Betty, her mother knew. I took this up in Betty's analysis, and it turned out that there had occurred a number of psychotic vicissitudes to the sado-masochistic fantasies of the child. She employed in particular massive denial, condensation and displacement. The crucified Saviour's likenesses, which Betty had seen in church, and their miniature replicas on sale, she endowed with animation (life). There was (self-)identification with Jesus, and a condensation of the cruel persecution of and martyrdom suffered by Him, as well as her own suffering attributed to her mother's ' meanness '. Condensed sado-masochistic impulses were acted out in the above-described concrete way (5, 2).

Betty's rage and panic reactions, for which she was brought to analytic treatment, concerned inanimate objects with which she was incessantly and at first lovingly preoccupied. As time went on, they became alive and persecuted her. She had first accused her brother of robbing her Japanese garden arrangement, then the contents of her beloved jewel box. At a later stage she had delusions and frank hallucinations about these things coming towards her at night. Her most persistent persecutor became the animated waste paper basket. It may be of interest that this psychotic idea is still present with Betty now that she is in her twenties and has succeeded in incapsulating and somewhat distancing (isolating herself from) the psychotic areas of her personality. (From adolescence on she had been in analysis with a colleague.)

Only object-relationship with the human love object, which involves partial identification with the object, as well as cathexis of the object with neutralized libidinal energy, promotes emotional development and structure formation. Only libido which is neutralized by human ' object-passage' becomes de-instinctualized enough to be available to the ego.

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[4] Noteworthy also was Betty's failure to repress affect-laden situations of the past, similar to the case of Stanley (26).

In this short contribution to the panel on 'Psychotic Object Relationships', I have described and brought a few short clinical illustrations of the mechanism of dehumanization and re-animation, to which the disintegrating ego regresses in quest of adaptation, when its perceptual integrative capacity fails; an ego which has become the passive victim of the deneutralized, defused drives, particularly of the unmitigated destructive impulses. In a recent paper, Elkisch and I (5) have described psychotic mechanisms which we felt were infantile precursors of the influencing machine described by Tausk in 1919 (35). We described such a case, Stanley, in whom similar de-differentiation and quasi-equation of animate versus inanimate was at work. De-differentiation, in Stanley's case, was based upon massive denial of percepts, of stimuli coming from the *outside world.* In the wake of this kind of negative hallucinatory psychotic denial, inner percepts, saturated with aggression, gain ascendancy. These inner excitations cannot be denied; they force themselves into the sensorium. In order to cope with these proprioceptive-enteroceptive stimuli the psychotic ego tries to de-differentiate, to de-animate them. Emotions are equated with motion via perception of motor innervations and are also equated, it appears, with mechanical movements. These inner sensations of one's own body and other life-phenomena are projected and confused with machine phenomena. The ego's split into an intentional part and an experiencing part is frequently clearly discernible. The body image seems thus mechanically put together in a mosaic-like way, by fragments of a machine-like self image. As the psychotic child—like the normal one—sees the world in his own image, in the psychotic child's reality all objects take on the same machine-like, praeterhuman quality that their own body image has. Betty at first identified her own body-self with the Japanese garden and, via the jewel-box, with the waste paper basket. At the next stage she projected her own de-animated aggression-saturated self image onto these objects and felt persecuted by these animated objects.

In summary, I should like to point out the lasting validity of what Freud regarded as the essential criterion for psychotic break with reality: namely, the slipping away of the libidinal *human* object world (11). We can only rarely observe but can often reconstruct the pre-psychotic struggle, the desperate efforts of clinging, of holding on to the human object world. Psychotic object relationships whether with human beings or otherwise are restitution attempts of a rudimentary or fragmented ego, which serves the purpose of survival, as no organism can live in a vacuum and no human being can live in an objectless state (29, 30, 31, 36).

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SYMPOSIUM ON PSYCHOTIC OBJECT RELATIONSHIPS

IV. ANNIHILATION AND RECONSTRUCTION OF OBJECT-RELATIONSHIP IN A SCHIZOPHRENIC GIRL[1]

By

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The clinical material on which I wish to base some suggestions about psychotic object-relationship concerns the case of a girl of 2 years and 10 months who, failing to work through a depressive situation, went on developing more and more regressive defences which pushed her into schizophrenia. This is certainly not new since Melanie Klein taught us about the relationship between the paranoid-schizoid and depressive positions. Klein (3) emphasizes that when paranoid feelings are too strong the individual cannot stand the burden of depressive feelings. ' For if persecutory fear, and correspondingly schizoid mechanisms, are too strong, the ego is not capable of working through the depressive position. This forces the ego to regress to the paranoid-schizoid position and reinforces the earlier persecutory fears and schizoid phenomena. Thus the basis is established for various forms of schizophrenia in later life.'

The case is as follows. L. was 2 years and 4 months old when her sister was born. In the last months of her mother's pregnancy she was prevented from getting on to her mother's lap on the grounds that the mother could not stand her weight. Until then L. had been the only child and the only grandchild.

Breast feeding was interrupted after only a month for lack of milk. Apparently she accepted the bottle without much trouble. Sphincter control started rather early—around 6 months. When L. was a year and 4 months, she was saying short sentences and she was getting more and more independent. Her mother is a bright person, very affectionate, who falls easily into depression. The father, younger than his wife, works as a clerk and displays a very obsessive type of personality.

When her mother came back from hospital, after the birth of the baby sister, L. received her with the words: ' Now you haven't got the baby inside you any more. The lap is mine.' In the following months her difficulties increased with the new-born child, mother, and father. She became more and more aggressive towards her sister and her parents. At the same time she tried to put herself into her sister's place, asking to be treated like a baby. She showed terrible feelings of persecution, envy, and jealousy, with attempts at destroying the sister, which produced some sort of alliance between her parents to prevent her aggression against the baby sister. She felt lost regarding their emotional support. During the following weeks she sometimes complained of not being able to walk and at other times of not being able to stand up. Epileptoid convulsions followed, mainly in the evenings. She started biting her nurse, who was looking after her baby sister, and her own wrists. Some months later L. completely lost the control of urethral and anal sphincters; she was unable to learn anything else and was no longer able to handle objects. Her speaking capacity gradually deteriorated and finally was reduced to ' Hum, hum '. At the same time she lost the perception of her position in space among other objects to such a degree that she had to be protected to prevent her from banging against them. At the time when she started analysis she was in this regressed state. During these four months L. showed a first attempt to defend herself against the persecutory and depressive feelings connected with the loss of mother's lap—as a symbol of the total situation of loss and probably with the persecutory situation of having been deprived of milk during the first month of her life.

I treated L. according to Klein's technique of play-analysis for seven months. During treatment, she showed progressive improvement of her capacity for perception, bodily functions, and verbalization as well as the rehabilitation of the world of objects in her internal and external reality.

Taking her object-relationships as a sample of psychotic processes of schizophrenia going on in this child, I shall now bring detailed material to show some of the meanings of her regression and subsequent progress.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

In the first sessions L. showed a complete indifference regarding play. She used to hold the toys for a moment to look at them and then drop them. Her phantasy life was very inhibited. She followed me without any difficulty when I first took her to the playroom. She approached the table on which were some toys, picked up a woman and a horse together with the same hand and dropped them. I showed her that the woman and the horse were standing for mummy and daddy and the connexion between her dropping them on the floor and her being pushed down from mother's lap; that she was fancying I might be going to do the same to her. Although, apparently, she was not paying any attention to me or to what I was saying, the next moment brought me the first response to my interpretation: she picked up a cow and touched the cow's udder with her index finger. I pointed out to her that the cow's udder was standing for mummy's breast, and when she was bringing together the cow and two lambs, the lambs were standing for her and her sister trying to get to mother's breast.

The first sessions went on like this, giving us the opportunity to follow her persecutory anxieties underneath her lack of contact with me and with external reality. When L. repeats the attitude of dropping everything she grasps, she is showing that everything is changed into bad faeces inside her exactly as she had phantasied she had been treated by her parents. When I interpreted this to her she gave me two responses: the first was to try to revive mother's figure by taking a ' woman ' and rolling it between her hands. The second was not to drop the objects, but for two or three times to ' put them on ' the table. I realized that she was showing some concern for the objects.

The positive movement aroused by my interpretation did not last long; L. goes on dropping mother's and father's figures and houses, showing that she had failed in her attempt to change them from bad into good faeces and from hated into loved objects. When I insisted on interpreting to L. that she was feeling persecuted by the cow, the lambs, the horses, and the human figures, and everything she was grasping and dropping in that session, and that they stood for mother, father, sister, me, and other people she had got inside her and who had been changed into bad faeces because of her feelings of envy and jealousy, her response again shows a positive movement in which she tries to revive the dead people inside her, but she does not keep the reparative tendencies long. After the reparative rolling of mother's figure comes now a bit of a smile, a particular way of looking at me or some sort of oral communication, consisting in a kind of babbling. I went on interpreting these rudiments of verbal communication as much as the smile and the look as an expression of people inside her who were just coming alive. These first contacts with L. made me realize how deeply she had regressed.

In the next weeks of treatment L. exhibited a large amount of persecutory feelings and phantasies mainly directed against the inside of mother's body and babies. She dramatized these attacks in many sessions through many ways of playing; sometimes she tried to cut her own tummy with scissors—sometimes she grasped a little bag full of marbles and then started dropping the marbles and emptying the bag. Sometimes she put these marbles in her mouth and bit them. I connected her very aggressive attitude towards mother's womb with her sister's birth and all her feelings of envy and persecution connected with mother's pregnancy and sister's birth. Because she was feeling so persecuted she was trying to defend herself against all the deprivation she had felt since then.

The other way she chose to express her persecutory anxieties about the mother's inside was a kind of play in which she used to get into the drawer full of toys and stay there the whole session, attacking the inside of the drawer with a ruler, her feet, and her urine. Session after session this type of play was repeated in a very obsessive way. Sometimes the play used to start with the ritual of moving up and down, right in the middle of the drawer, the little bag full of marbles. I interpreted this as a phantasy of controlling the way the babies get inside the mother and come out. I connected that with the phantasy of controlling her sister's birth and the coming in and out of my other patients, the play-room standing for my own and mother's insides.

At some other times we could see the attacks directed against her mother's breast. Very expressive in this sense is a bit of material in which, after playing with the bag and the marbles and after her phantasies of trying to get the babies out of mummy had been interpreted, L. approached me and put her right hand into the pocket of my shirt and then with her index finger tried to open my mouth, pressing down my underlip. I interpreted that I was standing for her sister and she was trying to see whether I had got mummy's breast and milk inside my mouth. After that, she picked up a jeep and broke down the windscreen which was divided in two parts and tossed it into the drawer. I explained to her that she was attacking mummy's breast, showing envy of that breast and jealousy because it had been given to her sister and became bad. That she was attacking the breast—windscreen—breaking it, destroying it because she was feeling so much deprived by her mother and sister, as much as she was feeling deprived by me when after the session she believed I was going to give my breast to other children. Next day she picked up the broken windscreen and gave it to me, as if asking me to repair it for her.

Another aspect of conflict L. showed in the first weeks of treatment was against father's penis. Once she was inside the drawer she started rubbing a horse against the drawer's edge until the horse's leg was broken. Then she tossed it inside the drawer. At other times she used to dramatize her persecutory feelings connected with father's penis by bringing two pencil-points together and then breaking them both. At the same time as she acted out such attacks on the penis she used to utter a stereotypic 'Psa-psa'. I interpreted that as L.'s jealousy and envy of her parents' intercourse.

* * *

After some weeks in which L. attacked mother's inside by getting into the drawer, she did not approach the drawer any more. She started ignoring it, and it was left shut and untouched. One day when she arrived in the playroom just before the time of her session I was there and had opened the drawer. When she saw the open drawer she started shouting ' No, no ' and very anxiously made for the drawer and shut it. I had by now interpreted a great deal of her persecutory anxieties and phantasies without much mitigation of the anxieties that were preventing her from approaching the drawer. I noticed that at that time she did not avoid the drawer and did not take flight from it, but she stood against the drawer as if to prevent its contents coming out. On the other hand, she had shown until then very few open feelings of depression and reparation in comparison with the strong feelings of persecution and open aggression described. When I realized that she had left inside the drawer all her good toys which she had attacked and destroyed previously, without showing any open guilt feelings about it, it seemed to me that by avoiding seeing and touching the drawer she was not defending herself so much against persecutory anxieties connected with destroyed objects and their coming up as persecutors, but predominantly against depressive feelings and anxieties connected with guilt for having destroyed them. I believed that the depressive part of herself, when she was not displaying guilt feelings for such destruction, was left inside the drawer with all the toys for whose destruction she felt responsible. Keeping the inside of the drawer as bad and avoiding it meant that she was trying to evade her feelings of responsibility and depressive anxieties connected with the toys' condition. In the transference, the drawer was standing for my body representing the mother and the attacked toys for the mother's breast and father's penis and the baby sister and other babies inside the mother's womb.

Words and Depression

At that time L. was showing a predominantly negative transference towards me, expressed by her saying as soon as I started interpreting: ' No, no '. She was behaving towards me exactly as she had been behaving towards the drawer: trying to keep my mouth shut. We can see here how much the visual perception of the destroyed objects inside the drawer was equated with the words coming out of my mouth when I was interpreting.

L. could not bear seeing the attacked objects, the perception of which would bring depressive and guilty feelings, as much as my words about her hatred and aggressive behaviour towards her sister, mother, and father. In the transference situation the words emerging from my mouth and the contents of the drawer were both the same object with her depressive self inside and the picture of destroyed parents, breast, penis, sister. Denying and annihilating my words meant, by projective identification, denying and annihilating the accusing words of her damaged internal objects.

There seemed to be a close connexion between her inability to use words herself and her inability to tolerate the insight and depression coming from the analyst's words standing for her internal damaged parents, as it came up in her play. The same problem was connected with the annihilation of her perception of the objects. On the other hand it seems to me that mother's words telling her about the baby inside mother's body were linked to L.'s envy and jealousy and depressing feelings of loss which, increasing her greed, had pushed her back into persecutory anxieties as the depressive ones became unbearable to her.

Working in this field Bion (1) has described a relationship between verbal thought and depression: ' Verbal thought is so interwoven with catastrophe and the painful emotion of depression that the patient, resorting to projective identification, splits it off and pushes it into the analyst . . . at the onset of the infantile depressive position, elements of verbal thought increase in intensity and depth. In consequence, the pains of psychic reality are exacerbated by it and the patient who regresses to the paranoid-schizoid position will, as he does so, turn destructively on his embryonic capacity for verbal thought as one of the elements which have led to his pain.'

When the analysis of her persecutory anxieties was progressing L. went on to reveal a greater capacity to feel guilt and depression during the sessions, as for instance on one day when she came to me just as I arrived, pressed her face against my genital region, and started babbling and crying, showing that she was mourning father's penis.

The Return of Verbalization as a Means of Maintaining an Object-relationship

In contradistinction to this phase in which L. was defending herself against verbalization (which reproduces what was going on inside her when she lost her capacity to stand depression) she showed later on, in her treatment, another phase in which she was very demanding as far as verbalization was concerned. By this time she had recovered from the sphincter disturbances and convulsions and had improved her personal contacts.

One day she started pointing with her index finger to objects around her and asking for their names, saying: ' 'Tis, 'tis '. She was reproducing the well-known phase of the exploring index finger. I understood that she was asking for words to give names to these objects and to overcome the splitting between visual and verbal processes. On the other hand she was testing me in order to see whether or not I had destroyed the words standing for the objects inside me, as she had done. Very expressive of this situation was a session in which L. started drawing and asked me soon afterwards to draw for her. As I asked her what she was intending me to draw for her, she said: ' L.—mummy—some grown-up people '. I explained to her that she was expecting that Dad D. (me) might be able to bring together L. and everybody else in her family; that these people were split off inside L. as much as L. herself. And I went on enumerating all the people around her and parts of them like mother's breast and father's penis, which she had bitten and made into pieces as she had bitten her nurse and herself.

As I went on drawing, L. pointed with her finger at different parts of the figures, saying: ' the eyes, the mouth, L.'s eyes, mummy's hair ', and so on. I believe that she was trying not only to bring together visual perception and verbal expression, but at the same time asking me to give her back ' as a whole ', through drawing and verbalization, the people she had destroyed inside her.

Getting back the split-off parts, the words standing for objects, L. was showing that now she could accept depression and rebuild the objects inside and outside. In this case we see a condensation between perception and action, meaning: ' If I don't see I don't feel responsible for it—its condition is not due to my action ' (speaking of the object). We see that the denial of the perception of the object is an attempt to deny responsibility for the object's condition.

At the beginning L. had great difficulties in bringing the syllables of words together correctly, but she soon started more and more integrated words, showing that the same was happening to her self. Her emotional attitude made it evident how much she was enjoying these renewed verbal games. Each ' 'Tis, 'tis' had the function of bringing together the visual and verbal perception and integration previously annihilated after the splitting and projective processes connected with persecutory feelings. By trying to link again visual perception and words, L. was reproducing through progression her previous ways of regression. When she tried to make splits between the visual contents, my words and her own (' Don't talk about that ') she was showing that the same had happened when she split off her phantasies about the contents of her mother's womb with the attacked baby inside and its communication, in words, with her internal reality. The destroyed baby ceased to exist because the ways of expression to indicate its existence and its condition, the words, were annihilated. At the moment in which L. began looking for words it was evident that she was overcoming her difficulties in accepting depression. In the clinical material I could see at that time an open expression of depressive and reparative feelings coming to the fore: she started crying, showing concern for the marbles—standing for children—when they were dropped to the floor, kissing them, dramatizing pregnancy by ' eating ' the marbles and sexual intercourse by taking ' gynaecological ' attitudes, in contradistinction to the time when she had no concern for the objects that were equated to faeces.

The preservation of the words and the possibility of them being given back to her meant, in the transference situation, the preservation by me, standing for her mother, of the baby she believed she had destroyed in her mother's womb and which was now being given back to her alive. This came up many times during the sessions.

More trust in her internal parents' goodness brought her more confidence in her capacity for reparation and in her own capacity to endure guilt. This increased capacity of accepting guilt connected with attacks against the objects inside the drawer—womb—and outside (sister, mother, and father) and the assurance about her reparative capacity connected with her internal good parents, brought back to her the previous capacity for making use of words: rebuilding a world of whole objects both in her internal and external realities. From the point of view of object relationships, this meant a step from partial to whole objects, from persecution to guilt and reparation, and from splitting to integration. The clinical material at this time showed a better identification of L. with her mother and a stronger nursing attitude towards the baby sister. Thus, she would refer to her baby sister as someone who ' is in her cot '. Her mother told me that she was trying to hold her baby sister and to feed her. At the same time, she completely dropped her previous behaviour, with which she was competing with the baby sister. In the playroom, L. followed a more and more independent role, as for instance when she rejected any help during the play in which she was jumping from the couch to the floor, saying: ' No, no, alone, alone '.

This material points to the fact that the annihilation of the perception of the object and the object-relationship (drawer, toys, mother, father, sister, the analyst and the environment) as much as the annihilation of verbal communication and capacity for integration was related to the ego's integration and capacity for feeling responsible for the object's condition and facing the unbearable guilt connected with the depressive position as Segal (5) has shown.

We see, as Melanie Klein, Rosenfeld, and Bion have shown, that annihilation of the object that goes with the annihilation of parts of the self is a psychotic type of object-relationship. With splitting and projective identification, it shows the psychotic paradox of an ego which, not being well integrated, in the same process of defence attacks some of its own functions in order to prevent something coming into perception that already existed internally. Freud (2) discusses this type of defence in his paper ' Negation ' in which he deals with a defence different from the preservation of the ego and the object, characteristic of repression and of a more integrated ego.

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THE USE OF PSYCHO-ANALYTIC CONCEPTS IN MEDICAL EDUCATION[1]

By

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The use of psycho-analytic information in non-analytic fields has increased immensely within the past twenty years. Practically every area involving the study of human behaviour has availed itself of knowledge from this source. The degree to which this has occurred varies, but it has been especially noticeable in the field of medicine. Since psychiatry is the branch of medicine which deals principally with problems of mental and emotional disorder, it is understandable that psychiatry should have been most influenced by psycho-analysis.

We are all familiar with the fact that it was in the field of medicine that psycho-analysis met with particular opposition at the time of its inception. That there continues to be opposition is also true, but there is convincing evidence that it is much less now than formerly.

Freud, in a paper written in 1918 (1), discussed the teaching of psycho-analysis in universities. He pointed out that the psycho-analyst could function outside the university but that psycho-analysis had much to offer the university student, particularly the medical student with reference to ' the most absorbing problems of human life '. He commented on the function of psycho-analysis as a preparation for the study of psychiatry, and mentioned that in America at that time psycho-analysis was being taught in some medical schools. He concluded with some remarks about the limitations of teaching psycho-analysis in the medical school, emphasizing that the student would not learn ' psycho-analysis proper ', but expressing the view that '. . . it will be enough if he learns something *about* psycho-analysis and something *from* it.' Finally, he pointed out that other specialities required additional training, with the implication that in order to become a psycho-analyst the student should plan for special study after medical school.

The place of psychiatry in the medical curriculum in the United States was distinctly minor until World War II. Since then there has been a marked change, with a great increase of interest and time allotted to the teaching of this subject. In 1951 and 1952 conferences were held under the joint auspices of the American Psychiatric Association and the Association of American Medical Colleges (2, 3). The reports of these conferences established certain basic principles regarding the teaching of dynamic psychiatry in medical schools. Of prime importance in these reports was the recognition of psycho-analysis as the mainspring of dynamic psychiatry.

The subject of psycho-analytic psychiatry as taught in medical schools in the United States since the War has been discussed by Szurek (4). He described the increase in interest in the subject and pointed out that the standards of undergraduate and graduate training have steadily risen.

In this paper I shall describe the teaching of psychiatry in one medical school at the present time. The programme will be described in some detail as to content and method of presentation.

At the time the teaching was started there were many questions and some misgivings regarding the possibility of teaching psycho-analytic concepts in a medical school setting. We began with the conviction that something more than didactic lectures was necessary, and from the beginning plans were made for small group discussions. Later, other changes were made.

Psychiatry is taught in each of the four years of the undergraduate curriculum. The medical school is relatively new, and it was possible to plan the teaching so that there is a close continuity in the work of the four years. There is a full-time teaching staff which is aided by a larger clinical staff. Most of the members of the faculty are psycho-analytically trained, and all are dynamically oriented. The first year course is begun at the start of the first semester. It consists of seventeen two-hour periods. In each period the first hour is used to present, in a lecture form to the entire class, the material to be covered, together with appropriate demonstrations. In the second hour the class is divided into six sections of nine students each. This second hour is used for questions and discussion. The students are intelligent and interested. Their educational backgrounds are somewhat varied, but nearly all of them have completed four years of college work. Many of them have degrees in the physical or biological sciences, but an increasing number have degrees in the social sciences, and a few have majored in the humanities. The first year teaching staff consists of six professors, five of whom are training analysts. In the original planning it was agreed that this introductory course should be given by experienced teachers. It is in this course that the fundamental psycho-analytic concepts are first presented.

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[1] Read at the 21st Congress of the International Psycho-Analytical Association, Copenhagen, July 1959.

The work begins with a general introduction to psychiatry, including a definition and a discussion of the scope of the field. A brief reference to the history of psychiatry and the sources of dynamic ideas is followed by a discussion of the concept of personality and its development. After some experience we realized that the addition of demonstrations of live human subjects aided immensely in the teaching.

The mother-infant relationship is studied in detail, and it is at this point that the first demonstrations are given. In one session the mother on the obstetrical service with a 3- or 4-day-old baby who is considered by everyone who has seen her to have *least* wanted her baby is selected. She is brought to the lecture room, together with a nurse who holds the baby. The mother is interviewed: she is asked about herself, her background, home, husband, and general attitudes and interests. After fifteen or twenty minutes the nurse is asked to hand the baby to the mother. The students have previously been alerted to the importance of close observation of what the mother says, but especially to her movements, facial expression, and the way in which she holds the infant. After this the mother and infant are dismissed, and the students separate into groups. There the observations are discussed.

At the next session exactly the same procedure is followed, except that the mother who is selected is the one who everyone is agreed *most* wants her baby.

These demonstrations of mothers with contrasting attitudes towards their babies have been most effective. The students are able to perceive many differences in the behaviour of the mothers, often quite subtle ones. Discussion of the possible effects of the maternal attitude on the personality of the baby is encouraged. It is against this background that the concept of the libido theory is introduced. In subsequent sessions the several stages of personality development are discussed with appropriate demonstrations of parents and children, including sibling relationships.

Additional time is available in two other courses during the first year. One course consists of a series of correlation clinics in which patients are presented. For example, in the first such clinic, which is given after the subject of the anal stage has been studied, an 8-year-old-child who is suffering from psychogenic megacolon is shown, together with his mother. This is a child who had been sent into the hospital for surgery, but who, when examined on the pediatrics service, was found to be without any evidence of organic pathology. It was also discovered that he had never had a normal bowel movement. His mother had administered enemas or cathartics since infancy. There was, of course, a great deal more pertinent information. A demonstration of this nature is usually quite convincing.

The other additional course is called Family Medicine. In this the student is introduced to a mother with a young infant whom he meets in a well-baby clinic. He goes to the home, where he meets the father and other members of the family. He visits this family regularly during the four years he is in medical school. This has proved to be a first-rate laboratory.

After the discussion of the development of personality is completed the concept of psychic structure is presented. The dynamic concept of instinctual drive and mental mechanism is elaborated, together with a discussion of anxiety.

This brief factual description of the first-year work in psychiatry has not, up to this point, conveyed what we believe to be the most important and effective elements of the teaching and learning experience. To illustrate this it is necessary to describe something of what goes on in the small group discussions.

In arranging the groups a special point is made of including in each group at least one student who is married and has children. Much of the material which is presented to the class is familiar to the student, who is already a parent when it is brought to his attention. In many instances in which a student has a question, or is sceptical, about some element of feeling or behaviour it is necessary only to ask the student-parent to describe what he has seen in his own children. Such information from a classmate is convincing and effective. The teacher in this situation is aware of the resistances that exist. He does not attempt to force the student to accept anything. He knows that there are differences among the students regarding individual capacity to consider this material. He knows also that it is possible to help almost all the students to relate the concepts to their own experience in some degree.

With reference to student participation, there is complete agreement among the teachers that no element of group psychotherapy is to be included. There are, of course, instances in which a student may need help, but that is arranged for outside the teaching situation.

As the work progresses the teacher is able to present material for discussion which involves such concepts as the unconscious, transference and counter-transference, primary and secondary process. The special importance of the more experienced teacher at this level is seen in many ways. For example, such a person is able to present ideas and concepts without resorting unduly to technical jargon. Only as the student advances are the exact technical terms introduced, and they are presented together with illustrative material and in such a manner that intellectual resistances are kept to a minimum.

Many of the students have previously had work which touched on the general subject, and almost always they are able to see the difference between a two-dimensional, purely intellectual approach and this one which adds some depth; the students often say ‘a more human’ approach.

The foregoing remarks apply to the work in the following years also. As will be described, in the later years the student often has even more individual attention, and the attempt is continued to help the student to develop some degree of objectivity about elements of an emotional and affective nature.

The second year includes work on psychopathology and the techniques of taking a psychiatric history and performing a psychiatric examination. The course in psychopathology has seventeen two-hour periods. The use of the time, however, is somewhat different. In each period a brief outline in the form of a didactic lecture is given. This usually requires about twenty minutes. At the end of the lecture the class is divided into groups of six students, each with an instructor and a patient. In this setting the instructor interviews the patient and demonstrates the psychopathology. After about forty-five minutes the patient is dismissed and the remaining forty-five minutes are used for discussion.

Early in the work the students are encouraged to talk to the patient and to elicit information on their own. In this way they have the opportunity to see an experienced physician communicate with a patient and then they are gradually able to enter into the situation. After about two months of this experience they have further opportunity, in another setting, to deal directly with the patient in learning to take a psychiatric history and to perform a psychiatric examination.

The content of the second-year course deals with psychopathology and a study of the principal psychiatric diagnostic catagories. The students learn something of the phenomenology of mental illness and the dynamic elements underlying it. The course starts where the preceding course ended, that is, with the study of anxiety. In this case, however, the study is more detailed. The students are shown the dynamic explanation of a symptom and the way in which symptoms are grouped to form the diagnostic categories. At first these are demonstrated in patients with psychoneuroses. Later the students see and work with patients who are psychotic and who suffer from personality disorders. In this work the student is constantly reminded of the close connexion with the details of personality development studied in the first year. Here again, as in the work of the first year, essential elements are worked out in the small groups. The students are introduced to hospitalized patients who are seriously ill. The teachers are aware of the anxieties usually engendered in people when they first come into close personal contact with such patients. The teacher is able to demonstrate that mentally ill people may be approached and that usually some degree of communication can be established. Gradually the student is shown something of the way in which the patient has failed in his development and in his attempts to adapt.

Such basic psycho-analytic concepts as psychosexual development, psychic structure and conflict, and fixation and regression become increasingly meaningful to the student. He begins to get some idea of the ways in which the body may be involved in psychic conflict. And, perhaps most important of all, he begins to see something of the logic of the unconscious and that these patients are suffering from illnesses which may be studied and understood, at least in some degree.

I have not yet mentioned one important item in the programme, and that has to do with reading done by the students. A textbook, based on dynamic principles, is used throughout the four years.

Required reading in the first year is minimal, and includes work on the history of psychiatry, the origins of the dynamic concepts, and brief accounts of the development of personality and the mental mechanisms. It is possible, however, to remind the students of many things they have read in the past, in the field of literature, in which dynamic points are illustrated. Also, individual students with questions may be referred to specific books and papers in the technical literature depending on their interest in the subject. In this way individual students may read such works as *Psychopathology of Everyday Life* or *Three Essays on Sexuality*. These and other works may be appropriate for one student in the first year and for another in the third or fourth year. For some students such reading may not be appropriate at all. But in this way almost any of the classical papers may be recommended to the student who appears to be ready for them.

The work of the third year consists of two parts. First, the student works in the out-patient clinic in company with adults. At the beginning of the year the student evaluates patients and after three or four weeks selects a patient to follow in psychotherapy under continued supervision. Later he selects a second patient for psychotherapy. He spends one-half day per week throughout the year in this work. In some instances where the student has been interested, he has continued with a patient into the fourth year. The second part of the work in the third year consists of nine weeks, full time in a joint clerkship between psychiatry and pediatrics.

In the outpatient work there is one supervising teacher for each two students. With such a large number of instructors there is some variation in the way the teaching is done. As mentioned above, most of the members of the teaching staff are analytically trained. The following description is an illustration of the way in which the student is instructed regarding the application of psycho-analytic concepts. At the beginning of the year the goals of the course and of the psychotherapeutic relationship are discussed by the instructor with the students. The goals are set forth as follows: (*a*) to enable the student to observe in ambulatory patients the existence of psychopathology; (*b*) to understand, and to develop skill, which will permit such psychopathology to emerge; (*c*) to formulate and test rational explanations for the understanding of the origin and meaning of such pathology, based upon psycho-analytic concepts—the libido theory, the importance of unconscious impulses and feelings, the concept of conflict; (*d*) to understand what is necessary in order to maintain a psychotherapeutic relationship with a disturbed patient; (*e*) to deal with the most urgent anxieties of the patient in a therapeutic manner, and since most patients have chronic and severe difficulties, to prepare the patient for continued psychotherapy or psycho-analysis.

One instructor has expressed the idea that the goal of cure of the patients should sometimes be specifically excluded and that doing this prevents unnecessary anxiety in the students. By presenting the material in this way many of the difficulties of ‘ therapeutic zeal ’ are avoided, and in many instances the students are able to see that often real symptomatic relief is experienced by the patient and in some instances evidence of considerable basic change.

After the patients have been interviewed by the students, their cases are discussed thoroughly with an effort to evaluate the precipitating factor, the major conflicts, the degree of ego organization and functioning, and the probable transference resistances. During the course of the psychotherapeutic work the student is helped to see evidence of transference and resistance. In this situation he is also given instruction as to dealing with those forces. No attempt is made to utilize dream material except in the most general way.

In the joint clerkship between psychiatry and pediatrics a child psychiatrist is available as a consultant to students and staff on cases which have organic illness as the main focus of interest. In this setting the psychiatrist brings to the attention of the student the emotional factors in connexion with surgery and other pertinent material. In addition, the student is assigned a child with an emotional problem for evaluation. Through frequent conferences the student has an opportunity to study emotional factors in such problems as stuttering, enuresis, eczema, asthma, and ulcerative colitis. In this work of the third year the student assumes responsibility for the patient. As he proceeds he begins to develop a deeper understanding of the basic concepts which had been presented to him in the two preceding years. He learns gradually to apply those concepts.

In the fourth and final year of the curriculum the medical student studies psychiatry directly in two situations. Three weeks are spent in the in-patient clerkship. Here the student sees mentally ill patients as they are brought into the hospital. He examines the patient, sees the relatives, and presents his evaluation to an instructor. In this conference he has an opportunity to participate in discussions regarding treatment recommendations. In this situation the student deals mainly with psychotic patients. In addition to the clerkship there is a seminar in psychiatry held each week throughout the year. In this seminar students present patients who are in the hospital because of general medical and surgical illnesses. The emphasis in the teaching is on the 'normal' personality reactions to illness, the importance of the doctor-patient relationship and psychotherapeutic principles in the treatment of any sick person. Also, in this seminar certain selected psychiatric problems are considered. These include such problems as alcoholism, problems of ageing, legal problems, and community mental health problems. The overall attempt in this seminar is to help the student to see the applicability of general dynamic principles to the whole field of medicine.

The fourth year in-patient clerkship in which the student works with severely ill, psychotic patients is a sort of proving ground for the work of the preceding three years. Here, in a situation where psychodynamics are demonstrated so obviously in the patient, the student may or may not be able to utilize the concepts which have been presented to him earlier. In many instances he is able to do so. The discussion of psychodynamics is limited to what is seen in the patient, except in rare cases where speculation is clearly labelled as such. It is in the fourth year also that one is able to see some evidence of identification with the instructor in the student. This goes along with an increasing ability to utilize such concepts as libidinal development and psychic structure and to think in terms of ego strengths and deficiencies.

An illustration of the way in which a student may use such a store of information is seen in the following example. While working on the surgical service he studied a 23-year-old female patient who suffered from ulcerative colitis. She had previously had a section of her bowel removed, but her condition had recurred. In addition to his study of the patient as a surgical case he had interviewed both parents and the patient regarding her personality development. He had elicited a great deal of pertinent data to indicate the part played by emotional factors in the patient's illness. He was able to see evidence of extreme hostility in the family set-up with some indication of the way in which this force had affected the patient. From his discussion and his general attitude it seems probable that his work with such patients in the future will be greatly influenced by this background of dynamic instruction.

There are many other similar examples which might be used to illustrate this general tendency. On the other hand, as has been previously mentioned, some of the students react in quite an opposite way, and at times express their attitudes in boredom, sleepiness, joking, and hostility.

Throughout the work of the whole four years the importance of research is stressed. Many questions arise which cannot now be answered, and large areas of ignorance are exposed. The teacher points out the need for more information and knowledge and, where possible, indicates lines which might profitably be followed.

The foregoing is an account of the teaching of basic psycho-analytic concepts in one medical school at the present time. It must be borne in mind that the student is engaged in the study of general medicine and that any training for a specialty follows later.

From this account it will be obvious that it is not possible at this time, in this situation, to give the medical student the fundamental 'laboratory' experience which would enable him to validate fully the basic psycho-analytic concepts which are presented. In other words, it is not possible to give him the experience of personal psycho-analysis and the other elements of psycho-analytic training. However, we feel that the student is given an opportunity to learn something about and from psycho-analysis. Further, there is evidence that many of the students are able to see relationships between these basic concepts and their own observations and experience. In addition, there is evidence of a great deal of interest in the subject on the part of the students in the fact that about one half of the members of a recently graduated class have chosen to continue the study of psychiatry as a specialty. There is strong reason to believe that most of these young physicians will seek psycho-analytic training.

It must be remembered, however, that most of these young people will be working in other areas of medicine. While we are pleased to see some of them choose to specialize in psychiatry and psycho-analysis, we have great interest in those who do not. Out attempt is to help them to develop the understanding and skill which will enable them to deal adequately with the emotional problems of their patients regardless of the field in which they practise.

In spite of the gratifying experience we have had up to this point we feel that it is necessary that we continue to consider certain questions, among others: How effective can the teaching of these basic psycho-analytic concepts be in this setting? The answer to this can be learned only when we are able to get some idea of how the information is used after the students are in practice. There are other questions that can and should be asked. For example: Is it possible that we may be doing the psycho-analytic concepts a disservice by 'watering down'? And is it possible that in this attempt to teach these basic concepts we merely succeed in increasing the resistance of the student?

I think that the answer to both questions might be yes. But certainly the answers depend on how, and by whom, the concepts are taught. When the teaching is done by experienced pyscho-analysts the dangers are minimized, and the student is given accurate, useful information which will help to make him a better physician.

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BOOK REVIEWS

The Standard Edition of the Complete Psychological Works of Sigmund Freud. Translated from the German under the General Editorship of James Strachey, in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson. Vol. IX (1906–08). *Jensen's ' Gradiva ', and Other Works.* Vol. XX (1925–26). *An Autobiographical Study* ; *Inhibitions, Symptoms and Anxiety; The Question of Lay Analysis; and Other Works.* (London: Hogarth Press and Institute of Psycho-Analysis, 1959. Vol. IX, pp. vi + 279. Vol. XX, pp. vi + 306. £50 the set of 24 vols.; sold only in sets.)

Volume IX opens with a completely new translation by James Strachey of ' Freud's first published analysis of a work of literature ', under the modified title ' Delusions and Dreams in Jensen's *Gradiva* '. This was originally translated by Helen M. Downey, published in book form in New York in 1917 under the title *Delusion and Dream*, and reissued in London by Allen and Unwin in 1921. So far as the reviewer can judge there is no gross inaccuracy in the earlier translation, but it is too popular and unscholarly in style for inclusion in a series like the *Standard Edition*, for which James Strachey's rendering is all that could be desired. The older book has, however, one advantage over the present Vol. IX in that it contains, as Part I, a translation of Jensen's story itself. This would have been out of place in the *Standard Edition*, but students might follow Freud's interpretations more readily if they first read the old translation of the story before turning to Strachey's translation of Freud's work. Freud's 1912 Postscript is translated here for the first time. Freud wrote later of *Gradiva* as a work ' which has no particular merit in itself ', but, as Strachey points out, it actually includes ' not only a summary of Freud's explanation of dreams, but also what is perhaps the first of his semi-popular accounts of his theory of the neuroses and of the therapeutic action of psycho-analysis '. Appropriately enough, the Frontispiece to Vol. IX is a reproduction of the very beautiful Greek bas-relief that Jensen called Roman and christened ' Gradiva '.

The next paper is the short ' Psycho-Analysis and the Establishment of the Facts in Legal Proceedings', in which the names of Jung and Adler and the term ' complex ' are mentioned for the first time, and which expresses some doubts regarding the use of association tests in proving actual, as distinct from unconscious, guilt in suspects. There follows another short paper, ' Obsessive Actions and Religious Practices ', which introduces the ideas on religion more fully elaborated years later, but which also contains a first sketch of obsessional mechanisms. Freud had already reached his conclusions about the renunciation of instinct gratification as an indispensable factor in civilization: he writes, ' Some part of this instinctual repression is effected by its religions, in that they require the individual to sacrifice his instinctual pleasure to the Deity: " Vengeance is mine, saith the Lord ".' In view of the years still to pass before Freud recognized an instinct of aggression, the choice of this illustration seems both unexpected and significant.

After a brief ' open letter ' advocating ' The Sexual Enlightenment of Children ' (which seemed a simpler problem in 1907 than later), there are two short papers on phantasies, ' Creative Writers and Day-Dreaming ' and ' Hysterical Phantasies and their Relation to Bisexuality ', followed by ' Character and Anal Erotism '. Of the latter the editor remarks ' The theme of this paper has now become so familiar that it is difficult to realize the astonishment and indignation it aroused on its first publication.' A consideration of the relation between ' " Civilized " Sexual Morality and Modern Nervous Illness ' is followed by another, if anything more shocking, article ' On the Sexual Theories of Children '. The main papers end with ' Some General Remarks on Hysterical Attacks ' and ' Family Romances ' and the volume concludes with a few ' Shorter Writings '. It will be noted that although, apart from the *Gradiva* thesis, the works included are mainly short papers, they are, as usual, immensely rich both in promise of future developments and in basic attitudes already firmly established.

Although the Frontispiece to Vol. XX shows ' Sigmund Freud with his Father in 1864 ' and, facing p. 72, has a delightful picture of ' Sigmund Freud with his Grandson Stephen in 1922 ', this volume belongs to the post-*Ego and Id* or modern period of theory, as indeed the dates convey (1925–26).

The bulk of the volume consists of three major works, all of them previously published in book form, followed by Freud's contribution on ' Psycho-Analysis ' to the *Encyclopaedia Britannica*, 13th edition, and various ' Shorter Writings '. The first of the main works is 'An Autobiographical Study ', which contains a minimum of autobiography but is, in fact, a major historical review of the development and present state of psycho-analysis at the time of its initial publication in German in 1925. This paper inevitably covers much of the same ground as one published ten years previously, ' On the History of the Psycho-Analytic Movement' (1914), but is farther removed in time and mood from the painful separations from Jung and Adler so closely related to the earlier survey. As the editor writes, 'The controversies that embittered the earlier paper had now faded into insignificance and he was able to give a cool and entirely objective account of the evolution of his scientific views.' The 1935 Postscript, bringing matters up to that date, follows the main paper. It is interesting to note that, at this time, Freud thought he had made all his main contributions to psycho-analysis and had reverted to his youthful interest in cultural problems; indeed, he describes the award to him of the Goethe Prize for 1930 as 'the climax of my life as a citizen'. Reviewing the progress of psycho-analysis in the decade 1925–35, the foundation of the International Psycho-Analytical Association with its biennial Congresses, the increase in number of local national societies, establishment of training institutes, etc., he concludes: 'It happens from time to time that an analytic worker may find himself isolated in an attempt to emphasize some single one of the findings or views of psycho-analysis at the expense of all the rest. Nevertheless, the whole impression is a satisfactory one—of serious scientific work carried on at a high level.'

The second work is 'Inhibitions, Symptoms and Anxiety'. It appears that it may have been Freud's rejection of Rank's exaggerated estimate of the importance of birth-anxiety that stimulated this reconsideration of the whole problem of anxiety. This is certainly the main theme, but the book is one of the more difficult of Freud's writings, because it is both discursive and comprehensive. The editor remarks that Freud found it necessary to tidy up a number of questions in his 'Addenda'. To aid the reader James Strachey has provided an Ariadne thread in the form of an outline of the history of Freud's views on the major topics concerned. These useful summaries are presented under the headings 'Anxiety as Transformed Libido', 'Realistic and Neurotic Anxiety', 'Anxiety as a Signal', and 'Anxiety and Birth'. Two appendices have been added: 'A', an amplification of Freud's use of the terms '"Repression" and "Defence"', and 'B', a 'List of Writings by Freud Dealing Mainly or Largely with Anxiety', which gives an idea of the importance Freud attached to the problem from very early days.

The third major work is 'The Question of Lay Analysis', a new translation by James Strachey with a different sub-title, 'Conversations with an Impartial Person'. The work resulted from an interview that Freud had in 1926 with 'an official of high standing' in regard to proceedings for 'quackery' instituted against Theodor Reik for practising as a lay analyst. Publication showed that there were great differences of opinion among analysts themselves on the advisability of lay practice, and a series of papers on the subject appeared, in German in the *Internationale Zeitschrift*, and in English in the *International Journal of Psycho-Analysis*, ended by a 'Postscript' from Freud in 1927. Unanimity was not reached, but Freud always maintained his opinion that psycho-analysis with its far-reaching implications ought not to be regarded merely as a department of medicine. Freud's arguments and the subsequent development of psycho-analysis all go to show that the significance of psycho-analysis for human life extends far beyond individual therapy. Incidentally, as the editor notes, Freud presented in this work 'what was perhaps his most successful non-technical account of the theory and practice of psycho-analysis, written in his liveliest and lightest style.'

The volume concludes with Freud's 'Address to the Society of B'nai B'rith', the translation of which by James Strachey appears to be the first in English; and three 'Shorter Writings', one of which is the Obituary Notice of Karl Abraham whose death at the early age of 48 was such a great loss to psycho-analysis. Both volumes contain the usual and quite invaluable Editor's Notes, Bibliography and Author Index, List of Abbreviations, and excellent General Index.

Marjorie Brierley.

Ego Psychology and the Problem of Adaptation. By Heinz Hartmann. Translated by David Rapaport. *Journal of the American Psychoanalytic Association, Monograph Series No.* 1. (New York: International Universities Press, Inc.; London: Imago Publishing Co. Ltd., 1958. Pp. xi + 121. $3.00 or 21*s*.).

This English version of Hartmann's *Ich-Psychologie und Anpassungsproblem* published in 1939 will be a boon to all who, like the reviewer, read the original German with difficulty. David Rapaport's translation is very good, but the Essay is still far from easy reading because it is so packed with concentrated thought. The author still considers most of the thoughts presented in it to be valid, and footnote references are given to later papers in which the major concepts were elaborated and systematized. In retrospect, it appears that he was justified in considering this Essay to be 'in the nature of a program which must be filled in and made concrete by detailed empirical investigations'. Hartmann's aim is to advance the status of psycho-analysis as a general psychology by studying hitherto relatively neglected aspects of ego organization and function. Thus, he writes, 'It is striking that while the concept "ego syntonic" is fairly well defined, experience shows that the term "reality syntonic" is so elastic that it covers diverse and even partly contradictory views.' What Anna Freud did for the ego and the mechanisms of defence, Hartmann seeks to do for the ego and its relations to external reality.

Returning to the programme aspect of the Essay, Chapter 1 introduces the concept of the 'conflict-free ego sphere'. This term is suggested for 'that ensemble of functions which at any given time exert their effects outside the region of mental conflicts'.

For example, with reference to the choice and success of intellectualization as a defence, he writes: ' We may, however, safely assume an autonomous intelligence factor, which, as an independent variable, codetermines the choice and success of the defensive process.' And '. . . memory, associations, and so on, are functions which cannot possibly be derived from the ego's relationships to instinctual drives or love-objects, but are rather *prerequisites* of our conception of these and of their development '. More detailed study of these ' autonomous ' functions should improve our definitions of ego strength, mental health, etc.

Chapters 2 and 3 discuss the complexities of adaptation due, in part, to the relation between ' the prolonged helplessness of the human child ' and ' the fact that man acquires a crucial part of his adaptation process by learning '. The term ' adaptation ' is used throughout in relation to the outer world; ' fitting together ' for the processes of adjustment in the inner world. The term ' social compliance ' is introduced; the role of ' detours ' in development and in adult achievement is considered, e.g. the detour through fantasy; and the possibilities of success and failure in both progressive and regressive adaptation are discussed.

Chapters 4 and 5 initiate an attempt ' to restudy the evolution of the ego in terms of adaptation ', starting from the reminder ' But we must not forget that the individual's drive constitution is not his only inborn equipment. . . . The human individual, at his birth, also has apparatuses, which serve to master the external world. These mature in the course of development.' Ego functions have a ' rank order '. ' In speaking of a " primacy of intelligence " we mean a " primacy of the regulation by intelligence ", implying that regulation by intelligence takes the first place among the ego's regulatory factors, but not that all other mental functions can or should be replaced by it.'

Chapter 6 returns to ' Some Integrative Functions of the Ego '. Hartmann writes: ' The full range of synthetic factors is not yet known: some of them belong to the superego, most of them to the ego, and some of these belong partly to the conflict-free regulative functions of the ego.' Chapter 7 considers ' Implications for the Concepts of Health and Education '; and Chapter 8 discusses ' Preconscious Automatisms '. Automatization is a characteristic example of those relatively stable forms of adaptedness which are the lasting effects of adaptation processes. The Essay concludes with Chapter 9 on 'Ego Apparatuses. Autonomous Ego Development'. Here the author writes ' the psychology of action is inconceivable without the psychology of instinctual drives ', but ' perception, motility, intelligence, etc., rest on constitutional givens. These components of " ego constitution " deserve our attention just as much as the components of drive constitution.' And later, ' I stress again that no satisfactory definition of the concepts of ego strength and ego weakness is feasible without taking into account the nature and maturational stage of the ego apparatuses which underlie intelligence, will, and action.'

Readers familiar with Hartmann's subsequent work will note that, e.g. the distinction between primary and secondary autonomy has not yet been made, nor has the concept of neutralization yet appeared. More stress is laid on maturation as such than on the genetical approach so much emphasized later. The probable desirability of including direct child observation among the necessary ' empirical investigations ' is mentioned, but the immense amount of this work carried out in England by Anna Freud and Dorothy Burlingham and, in the United States, by the last Ernst Kris was yet to come. Such defence of metapsychology as occurs here is defence of the need for exploring more fully the concepts of adaptation and adapted achievement, if psychoanalysis is to provide the indispensable link between biology and sociology which both Hartmann and Kris thought that it could be. Defence of theory as a whole, and its relations to practice, followed only later. But criticism of Freud by some analysts and others on grounds of his biological approach had already begun by 1939: some of the advantages of Freud's biological approach are emphasized here. Hartmann's own attitude is stated unequivocally in relation to the falsity of positing any antithesis between a 'biological id' and a 'non-biological ego'. He writes: ' In our opinion the psychological is not an " antithesis " to the biological, but rather an essential part of it. Psychology and biology are for us simply two different directions of work, two points of view, two methods of investigation, and two sets of concepts.' The idea that id and ego are alike products of differentiation is mentioned in this Essay.

Hartmann is an 'intellectual' of a very high order, with a capacity for abstract thinking which makes metapsychology his native province, so to speak; and there must be many able clinicians, with less marked ability for abstract thinking, who find his writings difficult to follow. This is, perhaps, one reason why his work has inspired more co-workers in the United States, e.g. Kris, Loewenstein, David Rapaport, and others, who have the opportunity for personal contact and discussion, than it has in the British Society, apart from Anna Freud and Willi Hoffer who also know him well. Hartmann has taken every care to guard against misunderstanding and to stress that he has artificially singled out the reality-orientated aspects of the ego because these play an indispensable role in adaptation and adapted achievement. He is in no doubt as to the complicated interplay and interdependence of all the aspects of the psyche in the living individual, e.g. of the various but close relations between instinct defence and adapted achievement. The impression remains that the term ' conflict-free ego sphere ' is liable to be misleading to less acute minds than Hartmann's. Even the term ' autonomous ' is potentially ambiguous: it could suggest that the reality-orientated functions are more independent, not only in origin but in their daily operation, than they in fact are.

Personally, I rather regret the re-introduction of the term 'apparatus' in the form of 'ego apparatus', because Freud's later definition of psychic structure as organization seems to me such a desirable advance on the earlier, more mechanistic, conception of ' the psychic apparatus '. Also, some of the difficulty connected with the development and relationship of the so-called pleasure-pain and reality ' principles ' might be reduced if more emphasis were laid on the discriminative function of pleasurable and painful sensations and affects. Does not this function antedate the gradual maturation of cognitive discrimination and provide the earliest means of reality-testing and of learning? As is well known, this function is never entirely superseded in later development. In the adult, happiness is surely not an end in itself, though it is often mistaken for a goal in its own right, but it is an indication of successful adaptation, e.g. of the establishment of a satisfactory object-relationship or the pursuit of a career attuned to the individual's specific talents. Does it not follow naturally that the id, in its relative seclusion from the outer world, should remain under the sway of pleasure-pain regulation?

But there will be few analysts today who doubt that basic ego abilities and dispositions are innate, and that the full story of individual development must include the maturing ego's relations with both inner and outer worlds. Hartmann, like Freud, tends to write of the developing ego as if it were a unity from the beginning. But it does not seem that the differentiation of ego and id from a common primary psyche need be a single event. Is it not more likely to come about by a series of events culminating in a definitive organization which can be called unitary, the ' reality-ego ' ?

That Hartmann is regarded as our leading modern ego metapsychologist is amply demonstrated by his recent election to Honorary Presidency of the International Psycho-Analytical Association, and by the choice of this pioneer Essay to inaugurate the new Monograph Series of the Journal of the American Psychoanalytic Association.

Marjorie Brierley.

Current Concepts of Positive Mental Health. By Marie Jahoda. Basic Books Inc. (New York: 1958. Pp. 136. $2.75.)

This well-known social psychologist has undertaken the difficult though important task of examining the various current notions of mental health. She rightly points out that the idea of mental health is concerned with man as he ought to be. Much of the confusion arises from the failure to state whether one is talking about mental health as an enduring attribute of a person or as a momentary attribute of functioning. Absence of mental disease has most frequently been regarded as the only reliable criterion, especially by medical men. Psychologists and psychoanalysts have attempted to define mental health in positive terms. Jones's and Hartmann's criteria are quoted in this context. Attitudes towards the self, self-actualization, integration, autonomy, perception of reality, mastery of the environment are discussed as possible criteria. The author agrees with Hartmann and others that there are various types of mental health. She favours the ' multiple criterion approach ' and finds Erikson's developmental propositions most helpful. Like other social psychologists, she emphasizes the value dilemma implied in the concepts of mental health, and she makes some useful suggestions for research. This book is a valuable contribution to the clarification of a basic concept. Dr. Jahoda's criticism of current concepts is constructive and helpful. Those who deride the efforts to define mental health in positive terms tend to forget that physical health is no less elusive a concept.

E. Stengel.

Der Psychiater (The Psychiatrist). By Kurt Kolle. (Stuttgart: Georg Thieme Verlag. Pp. 57.)

An address by the present holder of the chair of psychiatry and neurology in Munich once occupied by Kraepelin. The author is in favour of the union of psychiatry and neurology which is still common on the Continent. His arguments are unconvincing; he expects the psychiatrist to be a skilled neurologist as well as a versatile psychotherapist. He complains that psychiatrists have always been exposed to uninformed attacks from the lay public and the authorities. His explanation, though correct, is too superficial. The psychiatrist, he says, is concerned with man as a person. It is noteworthy that such complaints should come from psychiatrists where their discipline is at its most respectable academically. In Britain and in the U.S.A. psychiatrists are sometimes told that their status would be enhanced if they steered clear of the heresy of psycho-analysis.

E. Stengel.

Research in Psychiatry with Special Reference to Drug Therapy. Psychiatric Research Report 9. (American Psychiatric Association, 1958.)

Social Aspects of Psychiatry. Ed. by B. Pasamanick and P. K. Knapp. Psychiatric Research Report 10. (American Psychiatric Association, 1958.)

American psychiatrists have continued to study the effects of various drugs on abnormal behaviour with great thoroughness, ingenuity, and enthusiasm. It is still uncertain whether this experimental research will lead to important new discoveries. In a symposium devoted to methodology Lawrence Kubie discussed the relationship of psycho-analysis and psychopharmacology. He warned against the overestimation of behaviour changes resulting from drug treatment and expressed the fear lest concentration on symptomatic improvement may divert research from the basic problems of mental disorder.

He suggested that the method of free association should be used in drug trials.

Motivational patterns in the choice of psychiatry as a profession; control of human behaviour through reinforcement and punishment by social agencies; the relationship of race and socio-economic status to the development of motor behaviour patterns in infancy; speech patterns of schizophrenic patients; these are some of the topics discussed in the highly informative Report 10. Some of the reported findings should be of considerable interest to the psycho-analyst, such as the observation that in the last two decades motor behaviour in all children has been significantly accelerated. This is tentatively attributed to greater permissiveness in child rearing, bettering of health status, or both.

E. Stengel.

The Central Nervous System and Behavior. Ed. Mary A. B. Brazier. Transactions of the First Conference sponsored by the Josiah Macy Foundation. (New York, 1958. Pp. 450. Price $5.25.)

The Brain and Human Behavior. Proc. Assoc. Res. Nerv. Ment. Dis., Vol. XXXVI. (Baillière, Tindall and Cox. London, 1958. Pp. 564.)

The first of these books is a report of a conference devoted entirely to the contribution of Russian neurophysiologists to the study of behaviour, i.e. the work of Pavlov, his precursors and successors. Research into conditioned reflexes and kindred phenomena is of interest to psycho-analysis, in whose origin the model of reflex action played an important part. The two approaches are not incompatible, although no consistent attempt at integrating them has yet been made. Some of the observations reported in this symposium throw light on areas of mutual concern, e.g. the effect of a slight electric shock on the newborn sheep. It is severely traumatic if the animal is separated from its mother, but quite innocuous in the mother's presence. The book contains a historical survey of the Russian contribution to the physiology of behaviour. Neglect of the subjective aspects of behaviour has been one of the weaknesses of the Russian approach.

The second book contains contributions by leading Western physiologists to the study of behaviour. In contrast to the Russian orientation which is based on one basic concept, in this conference report a variety of concepts and methods have been brought to bear on behaviour problems. Most of the twenty-one articles are highly technical. For the clinician, Hoch's and Nielsen's papers are of interest. The former, entitled ' Psychoses-producing and Psychoses-relieving Drugs ' deals with the so-called experimental or model psychoses and their treatment by tranquillizers. Nielsen's study on ' Cerebral Localization and Psychoses ' arrives at the conclusion that cerebral lesions are apt to cause psychotic disorders only if they involve structures concerned with the emotions. In other articles the effects on behaviour of lesions of various parts of the brain are discussed. Students of behaviour, whatever their approach, are sure to find this book informative and stimulating.

E. Stengel.

The Final Face of Eve. By Evelyn Lancaster with James Poling. (New York: McGraw-Hill Book Co. Pp. 290.)

This is an interesting, racily told autobiographical story of a woman who suffered from such a severely split ego that she was able to function as two apparently separate, opposite, and alternating personalities. So far did the process of dissociation go that there seemed to be two persons, the moral Eve White, knowing nothing of the superficially hedonistic, psychopathic Eve Black. In the course of psychotherapy, which seems to have been of a highly eclectic kind, a third personality appeared, that of Jane, who, though somewhat false, was better orientated towards reality. Finally the story ends with an integration of the three personality patterns with a truer, better balanced, and indeed more human figure.

The therapists' method of effecting a recovery appears to have been a manipulated rather than a fully interpreted transference, bringing into consciousness some of the childhood traumata, and providing a tolerant understanding doctor-patient interpersonal relationship which enabled the patient to make steps in maturation which hitherto had been impossible for her.

From a psycho-analytic viewpoint one wonders what all the fuss is about (though it makes a good story) because normally one would expect such a problem in such a patient to be resolved by psycho-analysis, and in fact it may well be a pity that the patient did not have analysis rather than psychotherapy.

A. Hyatt Williams.

The New Chemotherapy in Mental Illness. Ed. by Hirsch L. Gordon, M.D., Ph.D., F.A.P.A. (New York: Philosophical Library. 1958. Pp. 762. $12.)

This book, a selection from the literature so far available concerning the latest tranquillizing drugs, has no direct bearing on psycho-analysis. It is a pity, however, that no co-operation has yet been achieved between psycho-analysts on the one hand and the many psychiatrists who use the new tranquillizers on the other. What could be undertaken is a psychopathological study of the effects and meaning to the patients of the drugs they are receiving. Without such a study our knowledge of the effects of tranquillizers, including their long-term effects, is likely to remain relatively superficial.

This book is so enormous that I asked a colleague working in the relevant field to read it page by page. He reports that every aspect of the subject is covered, there being separate chapters on pharmacology, side-effects, mode of action, result of treatment, drug trials, and a general discussion on broader aspects of therapy with the new tranquillizers. The chapters are readable, and full of information of great value to doctors who use tranquillizers for their patients.

Because of the large number of chapters there is inevitably some repetition. Many of the most recent tranquillizers such as Stelazine, Vespral, and Fentazine have not been included, but everything of relevance about the other tranquillizers seems to have been said.

A. Hyatt Williams.

Working-Class Anti-Semite. A Psychological Study in a London Borough. By James Robb. (London: Tavistock Publications, 1954. Pp. xiv + 239. 15*s*.)

This is a conscientious and thorough investigation into the vexed question of anti-Semitism confined to one London borough. It takes into account the work of previous authors, such as Bettelheim and Eysenck, but draws its own useful conclusions which, the author hopes, might go beyond Bethnal Green, the borough of which an interesting historical sketch is given. Yet no exaggerated merits are claimed for this investigation. He divides the interviewed into the extreme group and the tolerant. Certain characteristics strike him of which, it is only fair to say, he himself is doubtful. The extreme group suffers from lack of social contacts (hence their strong objection to and envy of Jewish ' clannishness '), anxiety, and inferiority feelings. Their childhood history shows that they got on badly with their parents and siblings. The tolerant group comes off much better; their contacts with their family, employer, and friends are satisfactory and, in contrast to the paranoid extreme group, they only suffer from hysteria. Party politics do not seem to affect the question, though there are more Conservatives among the extreme group. But like most working-class people the majority of both groups vote Labour.

The method of investigation was by interviews, questionnaires, and Rorschach tests. In the last chapter, ' Problems for the Future ', the author considers such suggestions as legal action against anti-Semitic utterances and acts, educational methods, and legal relief of poverty. He does not see much hope in all these attempts, but very reasonably suggests that what is needed is more facts and more money spent on obtaining them.

A philological note: there is nothing wrong with the expressions ' interviewer ' and ' interviewed '. Need we really talk of ' interviewees ' ? This is just a word from the reviewer to the reviewee.

Katherine Jones.

OBITUARY

Many readers will have learnt with profound regret of the death of Mrs. MELANIE KLEIN on 22 September, 1960, in her seventy-ninth year. Appreciations of her work will be published in a forthcoming issue.

London,
31 October, 1960.

Editor.

MELANIE KLEIN ARCHIVES

The Melanie Klein Trust, as literary executors of the late Melanie Klein, are building an archive of material relating to the life and work of Melanie Klein. They would be glad to receive—either on loan or as gifts—any letters, pictures, memorabilia, or other material by or about Mrs. Klein.

Such material should be sent to the Honorary Secretary of the Trust:

DR. ELLIOTT JAQUES,
35 ENNISMORE GARDENS MEWS,
LONDON, S.W. 7.

The other Trustees are W. R. Bion (Chairman), Betty Joseph, Roger Money-Kyrle, Herbert Rosenfeld, and Hanna Segal.